| Fill in this information to identify your | case: |
|---|--|
| United States Bankruptcy Court for the: | |
| Eastern District of New York | |
| Case number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | |
|--|----------------------------------|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| . Your full name | GLADYS | |
| Write the name that is on your government-issued picture identification (for example. | First name | First name |
| your driver's license or passport). | Middle name REMACHE | Middle name |
| Bring your picture identification to your meeting | Last name | Last name |
| with the trustee. | Suffix (Sr , Jr , II, III) | Suffix (Sr., Jr., II, III) |
| All other names you | | 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - |
| have used in the last 8 years | First name | First name |
| Include your married or | Middle name | Middle name |
| maiden names and any assumed, trade names and doing business as names. | Last name | Last name |
| Do NOT list the name of any | First name | First name |
| separate legal entity such as a corporation, partnership, or LLC that is not filing this | Middle name | Middle name |
| petition. | Last name | Last name |
| | Business name (if applicable) | Business name (if applicable) |
| | Business name (if applicable) | Business name (if applicable) |
| Only the last 4 digits of | xxx - xx - <u>5</u> <u>2</u> 9 9 | |
| your Social Security number or federal | OR - XX - 3 2 9 9 | xxx - xx |
| Individual Taxpayer Identification number (ITIN) | 9 xx - xx | 9 xx - xx |

| Debtor | 1 Gladys First Name Middle Name | Remache Last Name | | | Case | number (# known) | · | |
|--------|--|---|---|---------------------|--------|--|---|----------------------|
| | CHARLES THE STREET CONTROL OF THE STREET CONTROL OT THE STREET CONTROL OF THE STREET CON | About Debtor 1: | | ZRATI AMARABAT RE | | About Debtor 2 (Spous | e Only in a Join | t Case): |
| k | our Employer dentification Number EIN), if any. | EIN | | | | EIN — - — — — | | |
| | | EIN | | | | | | |
| 6. V | Vhere you live | | | | | If Debtor 2 lives at a dif | fferent address: | |
| | | 3543 84th Street, Apt 2 | 228 | | 4.1 | | | |
| | | Number Street | | | - 44.4 | Number Street | | |
| | | | • | | - | | • | |
| | | Jackson Heights | NY | 11372 | -: | | | |
| | | City | State | ZIP Code | | City | State | ZIP Code |
| | | Queens | | | | County | | |
| | | If your mailing address is d above, fill it in here. Note th any notices to you at this mai | at the court w | the one ill send | | If Debtor 2's mailing ad yours, fill it in here. Not any notices to this mailing | te that the court w | at from vill send |
| | | Number Street | | | • 11 | Number Street | | |
| | | P.O. Box | | | | P.O. Box | | |
| | | City | State | ZIP Code | | City | State | ZIP Code |
| | hy you are choosing | Check one: | | | | Check one: | | |
| | nis district to file for ankruptcy | Over the last 180 days be I have lived in this district other district. | fore filing this longer than in | petition, any | | Over the last 180 day I have lived in this disother district. | s before filing this trict longer than i | petition, any |
| | | I have another reason. Ex (See 28 U.S.C. § 1408.) | plain. | | | I have another reason (See 28 U.S.C. § 140 | ı. Explain. 8.) | |
| | | | | | | | | |
| | | | | | | | | |
| - | | | ************ | ************* | - | | | |

| De | btor 1 | Gladys First Name Middle Nam | <u></u> | Ren Last Name | nache | | | Case number (## | (nown) | | |
|-----|----------------------|---|---|--|---|--|--|--|--|--|--|
| | | riist Name | ne | Cast Name | | | | | | | |
| P | art 2: | ell the Court Abo | ut Your E | lankrup | tcy Case | | | | | | |
| 7. | | pter of the | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | | |
| | | osing to file | ☑ Chapter 7 | | | | | | | | |
| | unuci | | ☐ Cha | □ Chapter 11 | | | | | | | |
| | | | ☐ Cha | pter 12 | | | | | | | |
| | | | ☐ Cha | pter 13 | | | | | | | |
| 8. | How yo | u will pay the fee | loca your subr with I nec App I rec By I: less pay | I court freelf, you mitting you a pre-ped to polication puest that way, a just than 15 the fee | for more deta u may pay w your payment winted address ay the fee in for Individual at my fee be dge may, but 50% of the of in installmen | ails about how ith cash, cash ton your beh ss. Installment: Is to Pay The waived (Yot is not required poverty its). If you choose it is not contact to the contact is not required to the | y you n hier's c alf, you s. If you e. Filing ou may ed to, line th | nay pay. Typical check, or money ur attorney may bu choose this op Fee in Installment request this optiwaive your fee, at applies to youns option, you m | eck with the clerk's office in your ally, if you are paying the fee order. If your attorney is pay with a credit card or check official, sign and attach the ents (Official Form 103A). Ition only if you are filing for Chapter 7, and may do so only if your income is ar family size and you are unable to nust fill out the Application to Have the with your petition. | | |
| 9. | bankruj | u filed for otcy within the | ☑ No | ************* | | ************************************** | | | | | |
| | last 8 ye | ears? | ₩ Yes. | District | | | When | MM / DD / YYYY | Case number | | |
| | | | | District | | | When | MM / DD / YYYY | Case number | | |
| | | | | District | | | When | | Case number | | |
| 10. | Are any | bankruptcy | ☑ No | *************************************** | Medical and decomposition property super scope | Third and an appropriate and a | *************************************** | | | | |
| | | ending or being a spouse who is | Yes. | Debtor | | | | | Relationship to you | | |
| | you, or | y this case with by a business or by an | | District | | | When | MM / DD / YYYY | Case number, if known | | |
| | aiiiiate | • | | Debtor | | | | | Relationship to you | | |
| | | | | District | | | When | | Case number, if known | | |
| | | | **************** | | | | | MM/DD/YYYY | | | |
| 11. | Do you i residend | ent your e? | No. V Yes. | ☑ No. ☐ Yes | ur landlord obt Go to line 12. | Statement Abo | | ment against you? Eviction Judgment | Against You (Form 101A) and file it as | | |

| Debtor 1 | Gladys | Remache | Case number (# known) |
|--|---|---|---|
| | First Name Middle Nam | e Last Name | |
| Part 3: | Report About Any E | Businesses You Own as a Sole F | Proprietor Proprietor |
| 12. Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | | No. Go to Part 4. Yes. Name and location of busines Name of business: if any Number Street City | State ZIP Code |
| | | ☐ Single Asset Real Estate ☐ Stockbroker (as defined | e (ás defined in 11 U.S.C. § 101(27A)) |
| Cha Bani are y debt defti 1182 For a busin | you filing under pter 11 of the kruptcy Code, and you a small business for or a debtor as ned by 11 U.S. C. § 2(1)? definition of small ness debtor, see S.C. § 101(51D). | choosing to proceed under Subchapt are a small business debtor or you ar most recent balance sheet, statemen if any of these documents do not exis No. I am not filing under Chapter the Bankruptcy Code. Yes. I am filing under Chapter 11, Code, and I do not choose to Yes. I am filing under Chapter 11 | e court must know whether you are a small business debtor or a debtor eter V so that it can set appropriate deadlines. If you indicate that you re choosing to proceed under Subchapter V, you must attach your at of operations, cash-flow statement, and federal income tax return or st, follow the procedure in 11 U.S.C. § 1116(1)(B). 11. but I am NOT a small business debtor according to the definition in I am a small business debtor according to the definition in the Bankruptcy of proceed under Subchapter V of Chapter 11. I am a debtor according to the definition in § 1182(1) of the ope to proceed under Subchapter V of Chapter 11. |

| | | | city of All | roperty i na | t Needs Imme | ediate A | ttention ————— |
|--|------|---------------------------|-------------|-------------------|--------------|-------------|-------------------|
| Do you own or have any | ☑ No | | | | | | |
| property that poses or is alleged to pose a threat | Yes. | What is the hazard? | | | | | ** |
| of imminent and identifiable hazard to | | | | | | | |
| public health or safety? | | | | | - | | |
| Or do you own any property that needs immediate attention? | | If immediate attention is | s needed, w | hy is it needed?_ | | | |
| For example, do you own perishable goods, or livestock | | | | | | | |
| that must be fed, or a building | | | | | | | |
| that needs urgent repairs? | | Where is the property? | N | | | | |
| | | | Number | Street | | | |

| | Gladys | | Remache | Case number (# known)_ | |
|---|------------|-------------|-----------|------------------------|--|
| Ī | First Name | Middle Name | Last Name | _ | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I

filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment

plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required | to | receive a | a i | briefing | about |
|-------------------|------|-----------|-----|----------|-------|
| credit counseling | ı bı | ecause o | f٠ | _ | |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| ш | I am not | required | to receive | a briefing | about |
|---|-----------|-----------|------------|------------|-------|
| | credit co | ounseling | because of | of: | |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Del | btor 1 Gladys | Remache | Case number (# ka | Case number (# known | | | |
|--------------|--|--|--|---|--|--|--|
| | First Name Middle Name | East Name | | | | | |
| | | | | | | | |
| | | | | | | | |
| Pa | art 6: Answer These Ques | stions for Reporting Purpose | es | | | | |
| | | | | | | | |
| 16. | What kind of debts do | | Ily consumer debts? Consumer del Il primarily for a personal, family, or hou | | | | |
| | you have? | _ | printainy for a percental, talliny, or hou | solicita parposo. | | | |
| | | ☑ No. Go to line 16b.☑ Yes. Go to line 17. | | | | | |
| | | _ 100.00100 11. | | | | | |
| | | | ily business debts? Business debts restment or through the operation of the | | | | |
| | | ■ No. Go to line 16c. | | | | | |
| | | Yes. Go to line 17. | | | | | |
| | | 16c. State the type of debts you | owe that are not consumer debts or bu | siness debts. | | | |
| | | | | | | | |
| 17. | Are you filing under | муна, я лицы муна обы да же бы да де обы да менен и менен муна обы | | | | | |
| ••• | Chapter 7? | No. I am not filing under Ch | apter 7. Go to line 18. | | | | |
| | Do you estimate that after | Yes. I am filing under Chapte | er 7. Do you estimate that after any exe | mpt property is excluded and | | | |
| | any exempt property is | administrative expenses | s are paid that funds will be available to | distribute to unsecured creditors? | | | |
| | excluded and | ☑ No | | | | | |
| | administrative expenses | ☐ Yes | | | | | |
| | are paid that funds will be available for distribution | - les | | | | | |
| | to unsecured creditors? | | | | | | |
| ************ | | | | | | | |
| 18. | How many creditors do | 2 1-49 | 1 ,000-5,000 | 25,001-50,000 | | | |
| | you estimate that you | 50-99 | 5,001-10,000 | 5 0,001-100,000 | | | |
| | owe? | 100-199 | 1 0,001-25,000 | ☐ More than 100,000 | | | |
| | | 200-999 | PPGF FATO TO THE TOTAL COLUMN STATE OF THE S | | | | |
| 19. | How much do you | 2 \$0-\$50,000 | ☐ \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | | |
| | estimate your assets to | \$50,001-\$100,000 | ☐ \$10,000,001-\$50 million | \$1,000,000,001-\$10 billion | | | |
| | be worth? | \$100,001-\$500,000 | \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion | | | |
| | | ☐ \$500,001-\$1 million | \$100,000,001-\$500 million | ☐ More than \$50 billion | | | |
| | How much do you | \$0-\$50,000 | D 24 222 224 242 | | | | |
| 20. | estimate your liabilities | \$50,001-\$100,000 | \$1,000,001-\$10 million \$10,000,001-\$50 million | \$500,000,001-\$1 billion | | | |
| | to be? | \$100,001-\$500,000 | \$50,000,001-\$100 million | \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion | | | |
| | | \$500,001-\$1 million | \$100,000,001-\$500 million | More than \$50 billion | | | |
| Pa | rt 7: Sign Below | _ +555,651 +1111111511 | — \$100,000,001 \$000 Hillion | — More than 400 billion | | | |
| 1 4 | Oigii Delow | | | | | | |
| Fo | or you | I have examined this petition, an correct. | d I declare under penalty of perjury that | t the information provided is true and | | | |
| | | If I have chosen to file under Chr | apter 7. I am aware that I may proceed | if eligible, under Chapter 7, 11,12, or 13 | | | |
| | | of title 11, United States Code. I under Chapter 7. | understand the relief available under ea | ach chapter, and I choose to proceed | | | |
| | | If no attorney represents me and | I did not pay or agree to pay someone | who is not an attorney to help me fill out | | | |
| | | this document, I have obtained a | and read the notice required by 11 U.S. | C. § 342(b). | | | |
| | | | h the chapter of title 11, United States (| • • | | | |
| | | | It in fines up to \$250,000, or imprisonm | g money or property by fraud in connection ent for up to 20 years, or both. | | | |
| | | 16 THE TOTAL OF TH | , | | | | |
| | | * Godys#10019C | he x | | | | |
| | | Signature of Deptor 1 | Signatur | re of Debtor 2 | | | |
| | | 2/01/ | enal | | | | |
| | | Executed on MM / DD // | 024 Execute | | | | |
| | | MM / UU / Y | 111 | MM / DD /YYYY | | | |

| Debtor 1 | Gladys First Name Middle Nam | Remache | Case number (# known)_ | |
|-----------|--|--|---|--|
| | FIRST NAME MIGGIO NETI | e Last Name | | |
| | attorney, if you are ted by one | I, the attorney for the debtor(s) named in the to proceed under Chapter 7, 11, 12, or 13 or available under each chapter for which the | of title 11, United States Code, an person is eligible. I also certify the | d have explained the relief at I have delivered to the debtor(s) |
| by an att | not represented orney, you do not lie this page. | the notice required by 11 U.S.C. § 342(b) a knowledge after an inquiry that the information of the second s | | |
| | | Richard LA SALLE Printed name | | |
| | | Frm name 80-01 Roosevelt Avenue, 2nd F Number Street | FI | |
| | | Jackson Heights City | NY State | 11372 ZIP Code |
| | | Contact phone (718) 533-0033 | Email address | info@richardlasalle.com |
| | | 2454627 Bar number | NY State | |
| | annum or a second | | | |
| | ······································ | TOTAL THE REPORT OF THE PERSON OF A PARKET AND A PARKET HE WAS | mere en el el el el constitución mande en el mineral francia (fil | ecemment management of the second of the sec |

| Debtor 1 | Gladys First Name Middle Name | Remache Last Name | Case number (# known) | | | | | |
|---|--------------------------------------|--|---|--|--|--|--|--|
| | | | | | | | | |
| bankrupto attorney | you are filing this ey without an | The law allows you, as an individu should understand that many po themselves successfully. Becau | ral, to represent yourself in bankruptcy court, but you ecople find it extremely difficult to represent use bankruptcy has long-term financial and legal y urged to hire a qualified attorney. | | | | | |
| If you are represented by an attorney, you do not need to file this page. | | To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. | | | | | | |
| | | court. Even if you plan to pay a parti in your schedules. If you do not list a property or properly claim it as exem also deny you a discharge of all you case, such as destroying or hiding p cases are randomly audited to deter | ebts in the schedules that you are required to file with the cular debt outside of your bankruptcy, you must list that debt a debt, the debt may not be discharged. If you do not list apt, you may not be able to keep the property. The judge can redebts if you do something dishonest in your bankruptcy roperty, falsifying records, or lying. Individual bankruptcy mine if debtors have been accurate, truthful, and complete. ne; you could be fined and imprisoned. | | | | | |
| | | If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. | | | | | | |
| | | Are you aware that filing for bankrup consequences? | otcy is a serious action with long-term financial and legal | | | | | |
| | | □ No ☑ Yes | | | | | | |
| | | Are you aware that bankruptcy fraud inaccurate or incomplete, you could | l is a serious crime and that if your bankruptcy forms are be fined or imprisoned? | | | | | |
| | | □ No ☑ Yes | | | | | | |
| | | No Yes. Name of Person | ne who is not an attorney to help you fill out your bankruptcy forms? The parer's Notice, Declaration, and Signature (Official Form 119). | | | | | |
| | | have read and understood this notic | I understand the risks involved in filing without an attorney. I e, and I am aware that filing a bankruptcy case without an ights or property if I do not properly handle the case. | | | | | |
| | | * Clady Royatio | * | | | | | |
| | | Signature of Deblor | Signature of Debtor 2 | | | | | |
| | | Date <u>(0) 24 / 2 (4)</u> 4 MM / DD / / / / / / / | Date MM / DD /YYYY | | | | | |
| | | Cell phone (917) 683-8659 | Contact phone | | | | | |
| | | Cell phone (917) 003-0059 | Cell phone | | | | | |

Email address info@richardlasalle.com

Email address

| Debtor 1 | Gladys Remache | | |
|---------------------|---------------------------|-----------------------|-----------|
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court for the: | Eastern District of N | lew York |
| Case number | | | |
| ouse marriser | (If known) | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | Your as Value o | ssets f what you own |
|---|--------------------|-------------------------|
| Schedule A/B: Property (Official Form 106A/B) 1a Copy line 55, Total real estate, from Schedule A/B | \$_ | 0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | • | 930.00 |
| 15. Copy line 62, Total personal property, non-constant rep | \$_ | 000.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$_ | 930.00 |
| Part 2: Summarize Your Liabilities | | |
| | | abilities It you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$_ | 0.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$_ | 177,030.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$_ | 372,482.37 |
| Your total liabilities | \$_ | 549,512.37 |
| Part 3: Summarize Your Income and Expenses | | |
| 4. Schedule I: Your Income (Official Form 106I) | | 0.00 |
| Copy your combined monthly income from line 12 of Schedule I | \$_ | 0.00 |
| 5. Schedule J: Your Expenses (Official Form 106J) | | 2,398.00 |
| Copy your monthly expenses from line 22c of Schedule J | \$_ | 2,000.00 |

| De | btor 1 | | Remad | he Name | | | | Ca | ase number | (il known) | | | | |
|----|-----------|----------------------------|------------------------|----------------------------|---|----------------------------------|---|---|---------------------------------|--|---|------------|------|--------------------|
| | | First Name | WIGO | e Name | Last Nan | ne | | | | | | | | |
| Pa | art 4: | Answer | These C | luestions | for Adm | inistrativ | e and Stati | stical Records | 3 | | | | | |
| 6. | Are you | u filing fo | r bankrup | tcy under | Chapters | 7, 11, or 13 | 3? | | | | | | | |
| | No. Yes | | nothing to | report on | this part of | the form. (| Check this box | and submit this t | form to the | court with | your other | schedules. | | |
| 7. | What ki | ind of deb | t do you | have? | 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | \$28 4-0 00, 154-4,0090 | Min (44) といね (24, 14 ** ** ** ** ** ** ** ** ** ** ** ** ** | Liferin by manufact grant and the capt of 2000 4 a.c. in thi s quality is all | na 194 14400 3-100400 6.100 300 | . 2) 27 C is 1 7 4 42 5 7 4 1 7 6 7 607 6446 644 | 100 100 100 100 100 100 100 100 100 100 | · | 70- | E44.07 6 3. |
| | You fami | ur debts a ily, or hou | re primar sehold pu | ily consum rpose." 11 l | ner debts. U.S.C. § 10 | <i>Consumer</i> 01(8). Fill o | debts are tho ut lines 8-9g f | se "incurred by ar or statistical purpo | n individua oses. 28 U | I primarily fo | or a persor | nal, | | |
| | | | | marily con th your othe | | | ave nothing to | report on this par | rt of the fo | rm. Check t | his box and | d submit | | |
| 8. | | | | | | | opy your total 22C-1 Line 14 | current monthly ir | ncome from | n Official | | \$ | 0.00 | |
| 9. | Copy th | ne followir | ng specia | l categorie | es of claim | is from Pai | rt 4, line 6 of | Schedule E/F: | Tota | al claim | | | | |
| | From | Part 4 on | Schedul | e <i>E/F</i> , copy | the follow | wing: | | | | | | | | |
| | 9a. Don | nestic sup | port obliga | ations (Cop | y line 6a.) | | | | \$ | | 0.00 | | | |
| | 9b. Tax | es and cei | rtain other | debts you | owe the go | overnment. | (Copy line 6b | .) | \$ | 177,0 | 030.00 | | | |
| | 9c. Clair | ms for dea | ath or pers | onal injury | while you | were intoxio | cated. (Copy I | ine 6c.) | \$ | | 0.00 | | | |
| | 9d. Stud | dent loans | . (Copy lin | e 6f.) | | | | | \$ | 39,0 | 067.00 | | | |
| | | igations ar rity claims | | | ion agreer | nent or divo | orce that you o | fid not report as | \$ | | 0.00 | | | |
| | 9f. Deb | ots to pens | ion or pro | fit-sharing p | olans, and | other simila | ar debts. (Cop | y line 6h.) | + s | | 0.00 | | | |
| | 9g. Tota | al. Add line | es 9a thro | ugh 9f. | | | | | \$ | 216,0 | 097.00 | | | |

| Debtor 1 | Gladys Rema | che | | |
|---------------------------------|-----------------|----------------------------|------------|---|
| DODIO! 1 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | _ |
| (opouse, ii ming) | r ii st ivalile | Made Name | Last Walle | |
| | | the: Eastern District of N | | |

Official Form 106A/B

Schedule A/B: Property

12/15

Check if this is an amended filing

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

| 1.1. | Street address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | | |
|-------------|---|---|---|---|--|
| | offeet address, if evaluation of other description | Condominium or cooperative Manufactured or mobile home Land | Current value of the entire property? | Current value of th portion you own? | |
| | | | \$ | \$ | |
| | City State ZIP Code | Investment property Timeshare Other | Describe the nature of your ownersh interest (such as fee simple, tenancy the entireties, or a life estate), if know | | |
| | | Who has an interest in the property? Check one. | | 2 52450211 1231121131 | |
| | | Debtor 1 only | | | |
| | County | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Check if this is co (see instructions) | ommunity property | |
| · vou | | Debtor 1 and Debtor 2 only | (see instructions) | ommunity property | |
| you 1.2. | own or have more than one, list here: | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Other information you wish to add about this ite property identification number: What is the property? Check all that apply. ☐ Single-family home | (see instructions) | aims or exemptions. Put d claims on Schedulo D | |
| | | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this ite property identification number: □ What is the property? Check all that apply. □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home | (see instructions) em, such as local Do not deduct secured cla | aims or exemptions. Put d claims on Schedule D ms Secured by Property. | |
| | own or have more than one, list here: | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this ite property identification number: What is the property? Check all that apply. □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land | (see instructions) em, such as local Do not deduct secured classes the amount of any secure Creditors Who Have Clair Current value of the | aims or exemptions. Put d claims on Schedule D ms Secured by Property. Current value of th | |
| | own or have more than one, list here: | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this ite property identification number: □ What is the property? Check all that apply. □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home | (see instructions) em, such as local Do not deduct secured classes the amount of any secure Creditors Who Have Clair Current value of the | aims or exemptions. Put d claims on Schedule Downs Secured by Property. Current value of th portion you own? \$ | |
| | own or have more than one, list here: Street address, if available, or other description | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this ite property identification number: What is the property? Check all that apply. □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? Describe the nature of interest (such as fee | aims or exemptions. Put d claims on Schedule Downs Secured by Property. Current value of the portion you own? \$ | |
| | own or have more than one, list here: Street address, if available, or other description | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this ite property identification number: What is the property? Check all that apply. □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other □ Who has an interest in the property? Check one. □ Debtor 1 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? Describe the nature of interest (such as fee | aims or exemptions. Put d claims on Schedule Downs Secured by Property. Current value of the portion you own? \$ | |
| | own or have more than one, list here: Street address, if available, or other description | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this ite property identification number: What is the property? Check all that apply. □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other □ Who has an interest in the property? Check one. | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? Describe the nature of interest (such as fee | aims or exemptions. Put d claims on Schedule D ms Secured by Property. Current value of th portion you own? \$ | |

Official Form 106A/B

| | First Name Middle Name Lost | Name | | |
|-------------------------------------|--|---|--|--|
| 1.3. | | What is the property? Check all that apply. ☐ Single-family home | Do not deduct secured cla the amount of any secure Creditors Who Have Clain | d claims on <i>Schedule</i> i |
| 1.3, | Street address, if available, or other description | Duplex or multi-unit building Condominium or cooperative | Current value of the | Current value of |
| | | ☐ Manufactured or mobile home | entire property? | portion you own |
| | | Land | \$ | \$ |
| | | Investment property | Describe the nature of | of your ownership |
| | City State ZIP C | ode | interest (such as fee the entireties, or a life | simple, tenancy b |
| | | Who has an interest in the property? Check one. | | - |
| | | Debtor 1 only | | |
| | County | Debtor 2 only | | |
| | | Debtor 1 and Debtor 2 only | Check if this is co | mmunity propert |
| | | At least one of the debtors and another | (see instructions) | |
| | | Other information you wish to add about this ite property identification number: | | |
| dd t | he dollar value of the nortion you own t | or all of your entries from Part 1, including any entrie | s for pages | e (|
| | | ber here. | | \$ <u>'</u> |
| | and the same and the same of t | | | |
| t 2: | Describe Your Vehicles | torget in any vahicles, whether they are registered or | not2 Include any vehicles | |
| own | own, lease, or have legal or equitable in that someone else drives. If you lease a v | terest in any vehicles, whether they are registered or ehicle, also report it on Schedule G: Executory Contracts | | S |
| own cars, | own, lease, or have legal or equitable in that someone else drives. If you lease a v vans, trucks, tractors, sport utility veh | ehicle, also report it on Schedule G: Executory Contracts | | S |
| /ou (own ars, Zi N □ Y | own, lease, or have legal or equitable in that someone else drives. If you lease a v vans, trucks, tractors, sport utility veh o es | ehicle, also report it on Schedule G: Executory Contracts | and Unexpired Leases. | |
| ou o own ars, Zi N | own, lease, or have legal or equitable in that someone else drives. If you lease a v vans, trucks, tractors, sport utility veh o es | chicle, also report it on Schedule G: Executory Contracts cles, motorcycles Who has an interest in the property? Check one | and Unexpired Leases. Do not deduct secured cit the amount of any secure | tims or exemptions. I d claims on Schedule |
| ou cown cown cars, Zi N | own, lease, or have legal or equitable in that someone else drives. If you lease a v vans, trucks, tractors, sport utility veh o es | who has an interest in the property? Check one Debtor 1 only | and Unexpired Leases. Do not deduct secured cir | aims or exemptions. I d claims on <i>Schedule</i> ns Secured by Prope |
| ou cown cown cars, Zi N | own, lease, or have legal or equitable in that someone else drives. If you lease a v vans, trucks, tractors, sport utility veh o es | who has an interest in the property? Check one Debtor 1 only Debtor 2 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair | sims or exemptions. I d claims on Scheduk ns Secured by Prope Current value o |
| ou o own ars, ars, | own, lease, or have legal or equitable in that someone else drives. If you lease a v vans, trucks, tractors, sport utility veh o es Make: Model: | who has an interest in the property? Check one Debtor 1 only | and Unexpired Leases. Do not deduct secured cit the amount of any secure Creditors Who Have Clair | sims or exemptions. I d claims on Scheduk ns Secured by Prope Current value o |
| ou cown cown cars, Zi N | own, lease, or have legal or equitable in that someone else drives. If you lease a v vans, trucks, tractors, sport utility vehoes Make: Model: | who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another | Do not deduct secured clathe amount of any secure Creditors Who Have Clair | aims or exemptions. I d claims on <i>Scheduk</i> ns <i>Secured by Prope</i> Current value o portion you ow |
| ou o own ars, ars, | own, lease, or have legal or equitable in that someone else drives. If you lease a volume, trucks, tractors, sport utility vehooes Make: Model: Year: Approximate mileage: | who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair | sims or exemptions. Id claims on Scheduk ins Secured by Prope Current value o |
| rou (pown cars, 1 N | own, lease, or have legal or equitable in that someone else drives. If you lease a volume, vans, trucks, tractors, sport utility vehouses Make: Model: Year: Approximate mileage: Cther information: | who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clathe amount of any secure Creditors Who Have Clair | aims or exemptions. It d claims on <i>Scheduk</i> ns Secured by Prope Current value o portion you ow |
| You cown | own, lease, or have legal or equitable in that someone else drives. If you lease a volume, vans, trucks, tractors, sport utility vehouses Make: Model: Year: Approximate mileage: Cther information: | who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured ok the amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Fi d claims on Schedule ns Secured by Propa Current value o portion you own |
| You cown | own, lease, or have legal or equitable in that someone else drives. If you lease a volume, trucks, tractors, sport utility vehooses Make: Model: Year: Approximate mileage: Cther information: own or have more than one, describe her Make: | who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clatte amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clatte amount of any secure | sims or exemptions. Fid claims on Schedulens Secured by Proper Current value or portion you own |
| You cown | own, lease, or have legal or equitable in that someone else drives. If you lease a volume, vans, trucks, tractors, sport utility vehouses Make: Model: Year: Approximate mileage: Cther information: own or have more than one, describe her Make: Model: | who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clitte amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clitte amount of any secure Creditors Who Have Clair | aims or exemptions. If d claims on Schedule in Secured by Prope Current value of portion you own \$ |
| rou cown | own, lease, or have legal or equitable in that someone else drives. If you lease a volume, trucks, tractors, sport utility vehooses Make: Model: Year: Approximate mileage: Cther information: own or have more than one, describe her Make: | who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the | aims or exemptions. If dictains on Schedule in Secured by Prope Current value of portion you own \$ |
| You cown | own, lease, or have legal or equitable in that someone else drives. If you lease a volume, vans, trucks, tractors, sport utility vehouses Make: Model: Year: Approximate mileage: Cther information: own or have more than one, describe her Make: Model: | who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured clitte amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clitte amount of any secure Creditors Who Have Clair | aims or exemptions. If d claims on Schedule in Secured by Prope Current value of portion you own \$ |
| you cown cars, ✓ N → Y 3.1. | own, lease, or have legal or equitable in that someone else drives. If you lease a volume, vans, trucks, tractors, sport utility vehooes Make: Model: Year: Approximate mileage: Cther information: own or have more than one, describe her Make: Model: Year: | who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another | Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Find claims on Schedulens Secured by Proper Current value of portion you own \$ |
| you cown Cars, 2 N | own, lease, or have legal or equitable in that someone else drives. If you lease a volume, vans, trucks, tractors, sport utility vehooes Make: Model: Year: Approximate mileage: Cother information: I own or have more than one, describe her Make: Model: Year: Approximate mileage: Make: Model: Year: Approximate mileage: | who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the | aims or exemptions. It disclaims on Schedule in Secured by Prope Current value of portion you own \$ |

Official Form 106A/B

| | First Name Middle Name | | (nown) | |
|---|--|---|---|---|
| | | Last Name | | |
| | Make: | Who has an interest in the property? Check one. ☐ Debtor 1 only | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| | | Debtor 2 only | Ordana's Williams | |
| | Year: | Debtor 1 and Debtor 2 only | Current value of the | |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | | | |
| | | Check if this is community property (see instructions) | \$ | \$ |
| 3.4. | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | |
| ••• | Model: | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | | Debtor 2 only | Creditors with mave clair | |
| | Year. | Debtor 1 and Debtor 2 only | Current value of the | |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | | | |
| | | ☐ Check if this is community property (see instructions) | \$ | \$ |
| | | s and other recreational vehicles, other vehicles, and acces of watercraft, fishing vessels, snowmobiles, motorcycle accessor | | |
| Examp No Ye | oles: Boats, trailers, motors, persor | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | | d claims on Schedule D ns Secured by Property Current value of t |
| Examp No Ye | oles: Boats, trailers, motors, person es Make: Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? | d claims on Schedule D ins Secured by Property Current value of t portion you own? |
| Examp No Ye | oles: Boats, trailers, motors, person es Make: Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? | d claims on Schedule D ins Secured by Property Current value of t portion you own? |
| Examp No Ye | oles: Boats, trailers, motors, person es Make: Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? | d claims on Schedule D is Secured by Property Current value of ti portion you own? |
| Examp No Ye 4.1 | Make: Model: Year: Other information: where the mode is the content of the co | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? | d claims on Schedule D is Secured by Property Current value of ti portion you own? |
| Example No. 1 No. | Make: Other information: Own or have more than one, list he | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ | d claims on Schedule D ins Secured by Property Current value of the portion you own? \$ |
| If you 4.2. | oles: Boats, trailers, motors, person es Make: Model: Year: Other information: own or have more than one, list he Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) The Check one. Debtor 1 only | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured of | d claims on Schedule D ins Secured by Property Current value of the portion you own? \$ |
| If you 4.2. | Make: Other information: Own or have more than one, list he | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) The community property? Check one. Debtor 1 only Debtor 1 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the | d claims on Schedule D ins Secured by Property Current value of ti portion you own? \$ |
| ✓ No Ye 4.1. | oles: Boats, trailers, motors, person es Make: Model: Year: Other information: own or have more than one, list he Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) The Check one. Debtor 1 only | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured of the amount of any secure Creditors Who Have Clair | d claims on Schedule D ins Secured by Property Current value of ti portion you own? \$ |
| Example No Ye 4.1. | Make: Model: Other information: own or have more than one, list he Make: Model: Model: Year Own or have more than one, list he Make: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the | d claims on Schedule D ins Secured by Property Current value of t portion you own? \$ irms or exemptions. Put d claims on Schedule D ins Secured by Property |

Official Form 106A/B Schedule A/B: Property page 3

| Debtor 1 | Gladys Ref | Mache Case number (# known) | | <u>_</u> |
|-------------------------|---|--|-------------|-------------------|
| Part 3: | Describe You | r Personal and Household Items | | |
| Do you | own or have any I | egal or equitable interest in any of the following items? | portion ye | ct secured claims |
| e Hous | sehold goods and | Turnichings | oi exemptio | |
| | _ | nces, furniture, linens, china, kitchenware | | |
| 21 N | | 1,000 | | |
| | es. Describe | HOUSEHOLD GOODS AND FURSNISHING | \$ | 150.00 |
| 7. Elect | tronics | | | |
| Exan | collections; | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games | | |
| | - | 2 TELEVISIONS AND CELLPHONE | \$ | 80.00 |
| 8. Colle | ctibles of value | | | |
| | stamp, coin, | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles | | |
| 2 N □ Y | lo 'es. Describe | | \$ | |
| 9. Equip | oment for sports a | and hobbies | | |
| Exan | | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments | | |
| | - | | | |
| — Y | es. Describe | | \$ | |
| 10. Firea | rms | Line and the second sec | | |
| Exan Z 1 N | • | , shotguns, ammunition, and related equipment | | |
| ☐ Y | es. Describe | • | \$ | |
| 11. Cloth | | | | |
| Exan | | thes, furs, leather coats, designer wear, shoes, accessories | | |
| Z Y | es. Describe | EVERYDAY CLOTHING AND SHOES | \$ | 200.00 |
| 12. Jewe Exan | nples: Everyday jev gold, silver | velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | _ | |
| | es. Describe | | \$ | |
| | farm animals nples: Dogs, cats, b | pirds, horses | | |
| 2 N | lo 'es. Describe | | \$ | |
| 14. Any 6 | other personal an | d household items you did not already list, including any health aids you did not list | | |
| 2 N | | | | |
| | es. Give specific | | \$ | |
| | the dollar value o art 3. Write that n | f all of your entries from Part 3, including any entries for pages you have attached | \$ | 430.00 |

Schedule A/B: Property Official Form 106A/B page 4

| Debtor 1 Gladys Re | MIDDE CONTROL | | Case number (# known) | |
|--|---|------------------------------------|---|---|
| | | | | |
| art 4: Describe Yo | ur Financial Assets | | | |
| you own or have any | legal or equitable interest in | any of the following? | | Current value of the portion you own? Do not deduct secured clair or exemptions. |
| | | | | o exemptions. |
| . Cash Examples: Money you | have in your wallet, in your hor | ne. in a safe deposit box, and o | on hand when you file your petition | |
| □ No | , | , | , | |
| | | | Cash: | \$500.0 |
| | | | | |
| Deposits of money Examples: Checking, s | savings, or other financial acco | unts; certificates of deposit; sha | res in credit unions, brokerage houses. | |
| _ | imilar institutions. If you have n | nultiple accounts with the same | institution, list each. | |
| ☑ No ☐ Yes | | Institution name: | | |
| | | CHASE | | s 0.0 |
| | 17.1. Checking account: | OHAGE | | \$0.0 |
| | 17.2. Checking account: | | | \$ |
| | 17.3. Savings account: | | | \$ |
| | 17.4. Savings account: 17.5. Certificates of deposit: | | | \$ |
| | 17.6. Other financial account: | | | \$ |
| | 17.7. Other financial account: | | | \$ |
| | 17.8. Other financial account: | | | \$ |
| | 17.9. Other financial account: | | | \$ |
| | 77.5. Other mariour docum. | | | \$ |
| | | | | |
| · · · · · · · · · · · · · · · · · · · | or publicly traded stocks | | | |
| Zamples: Bond funds, | investment accounts with brok | erage firms, money market acc | counts | |
| ☐ Yes | Institution or issuer name: | | | |
| | | | | . \$ |
| | | | | . \$ |
| | - | | | \$ |
| | | • | | |
| | | | | |
| | | rated and unincorporated bu | isinesses, including an interest in | |
| an LLC, partnership, | and joint venture | rated and unincorporated bu | - | |
| an LLC, partnership, | | rated and unincorporated bu | % of ownership: | |
| an LLC, partnership, | and joint venture Name of entity: | rated and unincorporated bu | - | \$ \$ |

Official Form 106A/B

Gladys Remache

| Debtor 1 | Gladys Rer | | | | Case number (| (f known) | |
|-------------|-------------------|---|-------------------|---|---------------------------|----------------------|---|
| | First Name | Middle Name | Last Name | | | | |
| | | | | | | | *************************************** |
| Govern | ment and corno | orate bonds and of | her negotiable | and non-negotiabl | e instruments | | |
| | - | | - | _ | otes, and money orders | 3 . | |
| | | | | | g or delivering them. | | |
| ☑ No | | | | | | | |
| _ | Give specific | Issuer name: | | | | | |
| inform | mation about | | | | | | \$ |
| utern. | L | | | | | | |
| | | | | | | | \$ \$ |
| | | | | | | | Ψ |
| Retireme | ent or pension | accounts | | | | | |
| | | | 401(k), 403(b), t | thrift savings accoun | ts, or other pension or p | profit-sharing plans | |
| ☑ No | | _ | | _ | • | - 1 | |
| _ | List each | | | | | | |
| acco | unt separately. | Type of account: | Institution nan | ne: | | | |
| | | 401 (k) or similar plan | ı: | | | | \$ |
| | | Pension plan: | | | | | \$ |
| | | · | | | | | |
| | | IRA: | | | | | \$ |
| | | Retirement account: | | | | | \$ |
| | | Keogh: | | | | ···· | \$ |
| | | Additional account. | | | | | \$ |
| | | Additional account: | | | | | · |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | Ψ |
| | | | | | | | |
| - | deposits and | | | | rice or use from a comp | | |
| | | | = | - | water), telecommunica | = | |
| | ies, or others | | | (11111111111111111111111111111111111111 | ,, | | |
| 🔽 No | | | | | | | |
| ☐ Yes | | Į. | nstitution name o | r individual: | | | |
| | | Electric: _ | | | | | \$ |
| | | Gas: _ | | | | | \$ |
| | | Heating oil: | | | | | |
| | | Security deposit on r | entai unit | | | | \$ |
| | | Prepaid rent: | | | | | \$ |
| | | - | | | | | \$ |
| | | Telephone: | | | | | \$ |
| | | Water: _ | | | | | \$ |
| | | Rented furniture: | | | | | \$ |
| | | Other: _ | | | | | \$ |
| | | | | | | | |
| . Annuitie | s (A contract for | r a periodic paymen | t of money to yo | ou, either for life or fo | r a number of years) | | |
| ⊠ No | | | | | | | |
| | | Issuer name and de | escription: | | | | |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |

| Debtor 1 | Gladys Remache | Ca | ase number (# known) | |
|--------------|---|--|--|--|
| | First Name Middle Name | Last Name | | |
| | s in an education IRA, in an acc C. §§ 530(b)(1). 529A(b), and 529 | ount in a qualified ABLE program, or under a qualified ABLE program and a qualified ABL | ualified state tuition program. | |
| ⊠ No | | · , , , | | |
| | Institution | name and description. Separately file the records of | of any interests 11 U.S.C. § 521/o | v . |
| | | , | , | , , |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | equitable or future interests in able for your benefit | property (other than anything listed in line 1), ar | nd rights or powers | |
| Ø No | | | | |
| | . Give specific | | ······································ | 1 |
| | mation about them | · · | | \$ |
| | L | | | |
| | | secrets, and other intellectual property | | |
| | es: Internet domain names, websi | tes, proceeds from royalties and licensing agreeme | ents | |
| Ø No | pho un aris his in han an | | | |
| | . Give specific | | | s |
| inioi | mation about them | | | |
| 27 Licanso | es, franchises, and other genera | il intangibles | | |
| | | enses, cooperative association holdings, liquor licen | ses, professional licenses | |
| ⊠ No | | | | |
| | . Give specific | ************************************** | | 1 |
| | mation about them | | | \$ |
| | | and the sage of the register of edges of the sage of t | | |
| Money or p | property owed to you? | | | Current value of the |
| | | | | portion you own? Do not deduct secured |
| | | | | claims or exemptions. |
| 28. Tax refu | inds owed to you | | | |
| ☑ No | | | | |
| Yes. | Give specific information | | Federal: | \$ |
| | about them, including whether you already filed the returns | | State: | \$ |
| | and the tax years | | | • |
| | | | Local: | a |
| | | | | |
| 29. Family | | , spousal support, child support, maintenance, divo | ree cettlement property cettleme | nt |
| Z No | 33. Fast due of fump sum ammony | , spousar support, critic support, maintenance, divo | ice settlement, property settleme | iu. |
| | . Give specific information | | | |
| u res. | . Give specific information | | Alimony: | \$ |
| | | | Maintenance: | \$ |
| | | | Support: | \$ |
| | | | Divorce settlement: | \$ |
| | | | Property settlement: | \$ |
| | | | | |
| | mounts someone owes you es: Unpaid wages, disability insur | ance payments, disability benefits, sick pay, vacation | on pay, workers' compensation. | |
| , | | d loans you made to someone else | * annihamanil | |
| No | | | ************************************** | |
| Yes. | . Give specific information | | | |
| | | | | s |

| Debtor 1 | Gladys Remache | | Case number (# known) | |
|--------------|--|--|--|---|
| | First Name Middle Name | Last Name | | |
| | Marian water from the control of the | | MATANON TO THE TOTAL STATE OF THE STATE OF T | MARKAN NATIONAL AND |
| 31. Interes | ets in insurance policies | | | |
| Examp | les: Health, disability, or life insuran | ce; health savings account (H | SA); credit, homeowner's, or renter's insurance | |
| No | | | | |
| ☐ Yes | s. Name the insurance company | Company name: | Beneficiary: | Surrender or refund value: |
| | of each policy and list its value | Company rame. | bononially. | Calcination of raiding value. |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 20 Amu in | toract in property that is due you | from company who has dis | • | |
| _ | terest in property that is due you are the beneficiary of a living trust e | | urance policy, or are currently entitled to receive | |
| | y because someone has died. | Apool processes from a file frie | are deficitly charted to reserve | |
| 🛭 No | | | | |
| ☐ Yes | s. Give specific information | <u> </u> | | 7 |
| | | | | \$ |
| 22 Claima | | makeen barr filad a larrer | | |
| | against third parties, whether or les: Accidents, employment dispute | _ | • • | |
| ☑ No | oo. Houdona, ampioyment dispate | o, moditino cidimo, or rigino | | |
| | s. Describe each claim. | *************************************** | *************************************** | |
| — 168 | s. Describe each claim. | | | s |
| 34 Other o | ontingent and unliquidated claim | | counterclaims of the debtor and rights | |
| to set | off claims | o or every nature, including | counterclaims of the debtor and rights | |
| No | | | | |
| ☐ Yes | s. Describe each claim | *************************************** | | |
| | L | | | |
| | | | | |
| 25 Any fin | ancial assets you did not already | liet | | |
| = | ancial assets you did not already | 1151 | | |
| ☑ No | Chia analifa Information | | | |
| ☐ Tes | s. Give specific information | | | \$ |
| | | | | *************************************** |
| | | | entries for pages you have attached | 0.00 |
| for Par | t 4. Write that number here | | → | \$0.00 |
| | | | | |
| | | | | *************************************** |
| Part 5: | Describe Any Business-I | Related Property You | Own or Have an Interest In. List any r | eal estate in Part 1 |
| | | | | |
| 37. Do you | own or have any legal or equitab | le interest in any business- | related property? | |
| No. | Go to Part 6. | | | |
| Yes | s. Go to line 38. | | | |
| | | | | Current value of the |
| | | | | portion you own? |
| | | | | Do not deduct secured claims |
| | | | | or exemptions. |
| | nts receivable or commissions yo | u aiready earned | | |
| ☑ No | laneamannen nammen annen a | ~2 <i>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</i> | *************************************** | ٦ |
| □ Yes | . Describe | | | |
| | | | | |
| | equipment, furnishings, and supp | | | |
| | s: Business-related computers, software | , modems, printers, copiers, fax m | achines, rugs, telephones, desks, chairs, electronic devices | • |
| ☑ No | | 18 50 6750 of a 17 for a 17 of | | 7 |
| □ Yes | . Describe | | | \$ |
| | L | | ************************************** | _ |

Official Form 106A/B

| Debtor 1 Gladys Re | 9Macne Case numbe | [(E known) | |
|--------------------------------------|--|---|--|
| | | | |
| 40 Machinery fixtures | equipment, supplies you use in business, and tools of your trade | | |
| ✓ No | | | |
| Yes. Describe | | | |
| Yes, Describe | | | \$ |
| | | | madd |
| 41. Inventory | | | |
| No Yes. Describe | | | |
| Yes. Describe | | | \$ |
| 10 1-1 | to out of the second | | |
| 42. Interests in partnersh ✓ No | nps or joint ventures | | |
| | | | |
| ☐ Yes. Describe | Name of entity: | % of ownership: | |
| | | % | \$ |
| | - | % | \$ |
| | | % | \$ |
| 43 Customer lists, maili | ng lists, or other compilations | | |
| No No | ig note, or other complications | | |
| Yes. Do your lists | include personally identifiable information (as defined in 11 U.S.C. § 101(4 | 1A))? | |
| □ No | | | |
| Yes, Desc | cribe | | |
| | | | \$ |
| 44 Any huginoss related | property you did not already list | CONTRACTOR OF THE PROPERTY OF | and the same of th |
| No No | property you did not already list | | |
| ☐ Yes. Give specific | | | 2 |
| information | | | \$ |
| | 1 | | \$ |
| | | | \$ |
| | | | \$ |
| | | | S |
| | | | • |
| | | | \$ |
| | of all of your entries from Part 5, including any entries for pages you have | attached | \$ 0.00 |
| for Part 5. Write that | number nere | | |
| Marini St. 1-21-24-1111 - 1111 - 1-1 | and the territory desired and the second of | | WYWFALLOWN CHARLES IN TRANSPORT |
| Dannika 6 | | | |
| | ny Farm- and Commercial Fishing-Related Property You Own or I r have an interest in farmland, list it in Part 1. | nave an interest l | n. |
| MINUS I | Manager Committee of the Committee of th | | |
| 46. Do you own or have a | ny legal or equitable interest in any farm- or commercial fishing-related pr | operty? | |
| No. Go to Part 7. | | | |
| Yes. Go to line 47. | | | |
| | | | Current value of the |
| | | | portion you own? Do not deduct secured claims |
| _ | | | or exemptions. |
| 7 Farm animals | (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | | |
| | oultry, farm-raised fish | | |
| ☑ No ☐ Yes | | **** | - |
| ■ Tes | | | |
| | | | \$0.00 |
| | | | negati |

| Debtor 1 | Gladys Re | | | | c | Case number (# known) | | |
|---|----------------------|---|--|---|---------------------------------------|--|-------------------------------------|---|
| | First Name | Middle Name | Last Name | | | | | |
| 48. Crops — | either growing | or harvested | | | | | | |
| 2 No | -: -:e- [| | | | ***************************** | | | |
| | Give specific mation | | | | | | \$ | 0.00 |
| No | | oment, impleme | ents, machinery, fixture | s, and tools o | f trade | | ••••• | |
| ☐ Yes. | | | | | | *** • • • • • • • • • • • • • • • • • • | \$ | 0.00 |
| 50. Farm an | d fishing supp | lies, chemicals | | The state of section of the section | | | | |
| ☑ No | Γ | *************************************** | *** | | | | | |
| G les. | | | | | | | \$ | 0.00 |
| 51. Any farn ☑ No | n- and comme | rcial fishing-rela | ated property you did n | _ | | | | |
| Yes. | Give specific mation | | *************************************** | | | | \$ | 0.00 |
| | | f all of your enti | ries from Part 6, includi | | | you have attached | \$ | 0.00 |
| ~ | | | | | · · · · · · · · · · · · · · · · · · · | | | *************************************** |
| Part 7: | Describe A | All Property | You Own or Have a | an Interes | t in That | You Did Not List Above | . | |
| 53. Do you l | have other pro | perty of any kin | id you did not already li | ist? | | | | |
| | : Season tickets, | country club memb | pership | | | | | |
| ☑ No ☐ Yes. | Give specific | | | | | | \$ | <u> </u> |
| infor | mation | | | | | and the second s | \$ | |
| | L | | | ***************************** | **************** | *************************************** | \$ | |
| 54. Add the | dollar value of | all of your entr | ies from Part 7. Write th | nat number h | ere | ······ | \$ | 0.00 |
| se en | | et sylveter et et en general en general en en general | Commence of the second second second second second | · · · · · · · · · · · · · · · · · · · | to a tax tay to the street | That areas to the control of the con | | Herekania ya ya wakazar a taraba a ta kata a kata kata kata kata kata |
| Part 8: | List the To | tals of Each | Part of this Form | | | | | |
| 55. Part 1: To | otal real estate | e, line 2 | | - | | | \$ | 0.00 |
| 56. Part 2: To | otal vehicles, l | line 5 | | \$ | 0.00 | | | Branchester and Branchester (1984) 1. 1 |
| | | and household i | items. line 15 | \$ | 430.00 | | | |
| | otal financial a | | , | s. | 500.00 | | | |
| | | related property | / line 45 | • | 0.00 | | | |
| | | | property, line 52 | • | 0.00 | | | |
| | | _ | | | 0.00 | | | |
| | | erty not listed, | | + \$ | | | percent of the second of the second | |
| 62. Total per | rsonal property | y. Add lines 56 th | nrough 61 | \$ | 930.00 | Copy personal property total | + s | 930.00 |
| 63. Total of a | all property on | Schedule A/B. | Add line 55 + line 62 | | | | \$ | 930.00 |

Official Form 106A/B

| Fill in this in | formation to ide | entify your case: | | |
|---------------------------|---------------------|--------------------------------|-----------|---------------------------------------|
| Debtor 1 | Gladys Rema | ache | | |
| Debior 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court fo | or the: Eastern District of No | ew York | |
| Case number (If known) | | | | ☐ Check if this is an amended filing. |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| M | Identi | ry the Property You Claim | as exempt | and the second s | | |
|---------------------------|----------------------------|---|--------------------------------------|--|--|--|
| 1. | ☑ You are cla | xemptions are you claiming? iming state and federal nonban iming federal exemptions. 11 U | kruptcy exemptions. 11 | | | |
| 2. | For any proper | ty you list on Schedule A/B to | hat you claim as exem | pt, fill in the information below. | | |
| | | on of the property and line on that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | |
| | | | Copy the value from Schedule A/B | Check only one box for each exemption. | | |
| | Brief description: | Household Goods a | \$ <u>150.00</u> | ☑ \$ <u>150.00</u> | N.Y. Debt. & Cred. Law § 282 et. seq. (i) | |
| Line from Schedule A/I | Line from Schedule A/B: | 6 | | 100% of fair market value, up to any applicable statutory limit | 30 304. (7) | |
| | Brief description: | Electronics | \$ <u>80.00</u> | ☑ \$ 80.00 | N.Y. Debt. & Cred. Law § | |
| | Line from Schedule A/B: | 7 | | 100% of fair market value, up to any applicable statutory limit | 282 et. seq. (i) | |
| | Brief description: | Every clothing and s | \$200.00 | 2 \$ 200,00 | N.Y. Debt. & Cred. Law § 282 et. seq. (i) | |
| | Line from Schedule A/B: | 11 | | ☐ 100% of fair market value, up to any applicable statutory limit | | |
| 3. | | ng a homestead exemption o | | | | |
| | ☑ No | | | es filed on or after the date of adjustment. 1,215 days before you filed this case? | , | |
| | No No | | | | | |

Debtor 1

| Gladys Re | emache | | Case number (#known) |
|------------|-------------|-----------|----------------------|
| First Name | Middle Name | Last Name | |

Part 2: Additional Page

| | n of the property and line B that lists this property | | value of the you own | Amount | of the exemption you clain | Specific laws that allow exemp |
|------------------------------------|--|------------------|-------------------------|---------------|---|---|
| | | Copy the Schedul | e value from le A/B | Check or | ly one box for each exemption | 20 20 20 20 20 20 20 20 20 20 20 20 20 2 |
| Brief description: | CASH | \$ | 500.00 | 4 \$ | | N.Y. Debt. & Cred. Law § 282 et. seq. (i) |
| Line from Schedule A/B: | <u>16</u> | | | 100% any a | 6 of fair market value, up to applicable statutory limit | |
| Brief description: | | \$ | | _ s_ | | |
| Line from Schedule A/B: | | | | | of fair market value, up to applicable statutory limit | |
| Brief description: | · · · · · · · · · · · · · · · · · · · | \$ | | | | |
| Line from Schedule A/B: | | | | any a | of fair market value, up to applicable statutory limit | |
| Brief description: | | \$ | | - \$ | | |
| _ine from Schedule A/B: | | | | anv s | of fair market value, up to applicable statutory limit | |
| Brief lescription: | | \$ | | | | |
| Line from S <i>chedule A/B:</i> | | | | | of fair market value, up to pplicable statutory limit | |
| Brief lescription: | | \$ | | | | · · · · · · · · · · · · · · · · · · · |
| ine from Schedule A/B: | | | | | of fair market value, up to pplicable statutory limit | |
| Brief lescription: | | \$ | | | · | |
| Line from Schedule A/B: | | | | 100% any a | of fair market value, up to pplicable statutory limit | |
| Brief lescription: | | \$ | | | | |
| ine from Schedule A/B: | | | | | of fair market value, up to pplicable statutory limit | |
| Brief description: | | \$ | | - \$ | | |
| ine from Schedule A/B: | | | | | of fair market value, up to pplicable statutory limit | |
| Brief lescription: - | | \$ | | <u></u> \$ | | |
| ine from Schedule A/B: | ************************************** | | | 100% any a | of fair market value, up to pplicable statutory limit | |
| Brief lescription: - | | \$ | | \$ | | |
| ine from Schedule A/B: - | | | | | of fair market value, up to pplicable statutory limit | |
| Brief lescription: - | | \$ | | \$ | | |
| ine from Schedule A/B: | | | | | of fair market value, up to pplicable statutory limit | |

| Fill in this in | formation to ide | ntify your case: | | | | | |
|---------------------------|---------------------|---------------------------|-----------|--|--|--|--|
| Debtor 1 | Gladys Remache | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States I | Bankruptcy Court fo | the Eastern District of N | ew York | | | | |
| Case number (If known) | | | _ | | | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| for each claim. If more than one creditor | more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. shabetical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecure portion If any |
|--|--|---|--|---|
| .1 | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name Number Street | | | | |
| City State ZIP Code | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed | 1 | | |
| | | | | |
| Who owes the debt? Check one. Debtor 1 only | Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured) | | | |
| Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| .2 | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | | | |
| Number Street | | | | |
| Number Steet | As of the date you file, the claim is: Check all that apply. Contingent Unilquidated | 1 | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | The state of the s | | | |
| | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 2 only | | | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| The state of the s | ☐ Judgment lien from a lawsuit | | | |
| Debtor 1 and Debtor 2 only | | | | |

| | minus minus minus minus | Column A | Column B | Column C |
|--|--|--|--|-------------------|
| Additional Page After listing any entries on this by 2.4, and so forth. | page, number them beginning with 2.3, followed | Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecured portion |
| Creditor's Name | Describe the property that secures the claim: | \$ | 5 | \$ |
| | | | | |
| Number Street | | And the second s | | |
| | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| City State ZIP Code | Unliquidated Disputed | | | |
| Who owes the debt? Check one | Nature of lien Check all that apply | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured car foan) | | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| | Other (including a right to offset) | - | | |
| Check if this claim relates to a community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent☐ Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | | | | |
| ☐ Debtor 1 only | Nature of lien Check all that apply | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | 4 | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | \$ | \$ | S |
| Creditor's Name | | 1 | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | 1 | | |
| | ☐ Contingent | | | |
| City State ZIP Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt Date debt was incurred | Last 4 digits of account number | | | |
| | | | 1 | |
| | es in Column A on this page. Write that number here: | \$ | | |
| If this is the last page of your form Write that number here: | n, add the dollar value totals from all pages. | s | | |

| Debtor 1 | Gladys Remache First Name Middle Name | Last Name | | Case number (Fknown) |
|--------------------|--|--|--|--|
| Part 2: | List Others to Be Notif | ied for a Debt | That You Already | Listed |
| agency is | s trying to collect from you for a | debt you owe to of the debts that | o someone else, list th it you listed in Part 1, l | a debt that you already listed in Part 1. For example, if a collection e creditor in Part 1, and then list the collection agency here. Similarly, if ist the additional creditors here. If you do not have additional persons to |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | • | | | Last 4 digits of account number |
| Numb | per Street | | | _ |
| Nume | on Sueer | | | |
| | | | | - |
| City | gadi yahiga danama eo ar dagaay ya an o bagaraga dadi ya abayaay oo eeya mayala dada babaan kaa an | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | • | | | Last 4 digits of account number |
| Numb | per Street | <u> </u> | | - |
| | | | | - |
| City | | State | ZIP Code | _ |
| Carriers Markets | Y RE I GORBO DAS GORS FOLOME PALOMENTON TOPICE OF THE THROUGH PLANS COLLEGE Y SIGN OF HIS VERY HE FOL Y S E A | | · va omera termine a commissionement | On which line in Part 1 did you enter the creditor? |
| Name |) | | | Last 4 digits of account number |
| | | | | |
| Numb | per Street | | | |
| - , , - | | | | - |
| City | | State | ZIP Code | - |
| | nat en elektrologia poli i en represente per proces y plakepara (e elektrologia elektrologia valla de elektrologia | ninian r. op a et m embessidi d ES båk en en blands co et | hanna inner eremen erekt kalt som kalt skal kredition som kalt blever ere | On which line in Part 1 did you enter the creditor? |
| Name | · | | | Last 4 digits of account number |
| Numb | per Street | | | - |
| | | | | _ |
| | | | | |
| City | \$ | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | • | | | Last 4 digits of account number |
| Numb | er Street | | | - |
| | | | | - |
| City | | State | ZIP Code | - |
| | (5-0). El de esta de reconstruir de como de misson de la como de l | | O DATE OF THE PARTY OF THE PART | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| | | | | |
| Numb | er Street | | | |
| | | | | - |
| City | | State | ZIP Code | - |

| Fill in this information to identify your case: | | | | | |
|---|--|--|-------------------|--------------------|---------------------------------|
| Debtor 1 Gladys Remache | | | | | |
| Pirst Name Middle Name | Last Name | * | | | |
| Debtor 2 (Spouse, f filing) First Name Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the Eastern Distriction | ct of New York | | | | |
| Case number(If known) | | | | | ck if this is ar nded filing |
| Official Form 106E/F | | | | | |
| Schedule E/F: Creditors | Who Have Unsec | ured Clair | ms | | 12/15 |
| Do any creditors have priority unsecured cla No. Go to Part 2. | ims against you? | | | | |
| ✓ Yes. | | A STATE OF THE STA | | | |
| List all of your priority unsecured claims. If a each claim listed, identify what type of claim it is nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page | If a claim has both priority and nor ne claims in alphabetical order acco of Part 1. If more than one creditor | priority amounts, list t rding to the creditor's holds a particular clai | hat claim here ar | nd show both | priority and |
| (For an explanation of each type of claim, see the | ne instructions for this form in the ins | struction booklet.) | Farmers . | | |
| <u> </u> | | | Total claim | Priority amount | Nonpriorit amount |
| U.S. SMALL BUSINESS ADMINIST Priority Creditor's Name | Last 4 digits of account numb | er <u>8 9 0 8</u> | \$_78,430.00 | \$ 78,430.0 |)(s |
| 409 3RD ST., SW | When was the debt incurred? | 05/03/2021 | | | |
| Number Street | | | | | |
| WASHINGTON DC 20416 City State ZIP Code | — As of the date you file, the cla — ☐ Contingent ☑ Unliquidated | im is: Check all that app | oly. | | |
| Who incurred the debt? Check one. | ☐ Disputed | | | | |

Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other Specify SBA LOAN No. ☐ Yes U.S. SMALL BUSINESS ADMINIST Last 4 digits of account number 8 0 0 5 s 98,600.00 s 98,600.0(s Priority Creditors Name When was the debt incurred? 07/02/2020 409 3RD ST., SW Number Street As of the date you file, the claim is: Check all that apply ☐ Contingent WASHINGTON 20416 DC ☑ Unliquidated ☐ Disputed Who incurred the debt? Check one Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only ☑ Taxes and certain other debts you owe the government At least one of the debtors and another ☐ Claims for death or personal injury while you were \square Check if this claim is for a community debt intoxicated Other Specify SBA LOAN Is the claim subject to offset? V No ☐ Yes

Gladys Remache Debtor 1 Case number (# known) Part 1: Your PRICRITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim Priority Nonpriority 2 Last 4 digits of account number Priority Creditors Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated □ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another ☐ Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? □ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Street As of the date you file, the claim is: Check all that apply. ☐ Contingent ■ Unliquidated ☐ Disputed Who incurred the debt? Check one Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number ____ \$____\$ Priority Creditors Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent ☐ Unliquidated ZiP Code ☐ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify_ Is the claim subject to offset? ☐ No Yes

| Deb | tor 1 | Gladys Remache First Name Middle Name | Last Name | | Case number (# known) | | |
|-----|-----------------------------|--|--------------|--|--|--|----------|
| Pa | rt 2: | List All of Your NONPRIO | RITY Uns | ecured Claims | | | |
| | | r creditors have nonpriority un | | | 3 | | _ |
| | | You have nothing to report in th | | | e court with your other schedules. | | |
| 4. | List all nonprio | of your nonpriority unsecured only unsecured claim, list the cre- | ditor separa | itely for each claim | order of the creditor who holds each claim. If a creditor has I. For each claim listed, identify what type of claim it is. Do not ist the other creditors in Part 3.If you have more than three no | list claims already | |
| | claims i | fill out the Continuation Page of | Part 2. | a particular cianti, i | ist the other creditors are already to the control and the con | Total claim | |
| 4.1 | BAN | IK OF AMERICA | | | Last 4 digits of account number 1 1 3 1 | loui cam | |
| | Nonpriority Creditor's Name | | | | | s655.49 | 9_ |
| | | BOX 25118 | | | When was the debt incurred? | | |
| | Number | | FL | 33622 | | | |
| | City | IFA | State | ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | | | | | ☐ Contingent | | |
| | | incurred the debt? Check one. | | | ☑ Unliquidated | | |
| | | ebtor 1 only | | | ☐ Disputed | | |
| | | ebtor 2 only ebtor 1 and Debtor 2 only | | | Tune of NONDRIGHTY unacquired plains | | |
| | | least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: | | |
| | | neck if this claim is for a commu | | | Student loans Obigations arising out of a separation agreement or divorce | | |
| | | | nity debt | | that you did not report as priority claims | | |
| | Is the | claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT CARD | i | |
| | ☐ Ye | | | | other Specify CILDIT CARD | | |
| | | | | - | | 2 022 0 | <u></u> |
| 1.2 | | CLAYS BANK DELAWAR | <u>Έ</u> | | Last 4 digits of account number 9 9 2 5 When was the debt incurred? | \$3,033.84 | <u>+</u> |
| | 698 1/2 SOUTH OGDEN STREET | | | | when was the debt incurred? | | |
| | Number | | <u> </u> | | | | |
| | | FALO | NY | 14203 | As of the date you file, the claim is: Check all that apply. | | |
| | City | | State | ZIP Code | ☐ Contingent | | |
| | | ncurred the debt? Check one. | | | Uniquidated | | |
| | | btor 1 only | | | Disputed | | |
| | | btor 2 only btor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | | At least one of the debtors and another | | | ☐ Student loans | | |
| | Псь | eck if this claim is for a commu | nity debt | | Obligations arising out of a separation agreement or divorce | | |
| | | claim subject to offset? | nty debt | | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | □ No | - | | | Other. Specify CREDTI CARD | | |
| | ☐ Yes | | | | | | |
| .3 | BAR | CLAYS BANK DELAWAR | ?F | MECSMEETING CVY-ADSTMEETING SEEMING WHITE MARKET PRESENT SEAL OF | Local divide of account a supplier. F. O. O. O. | ###################################### | |
| | | rity Creditor's Name | <u></u> | | Last 4 digits of account number _5 _0 _3 _0 | s486.25 | 5 |
| | | 1/2 SOUTH OGDEN STR | EET | | When was the debt incurred? | | |
| | Number | Street FALO | NY | 14203 | | | |
| | City | 17120 | State | ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | Who is | ncurred the debt? Check one. | | | Contingent | | |
| | _ | btor 1 only | | | Uniquidated | | |
| | _ | btor 2 only | | | ☐ Disputed | | |
| | | btor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | | least one of the debtors and another | | | ☐ Student loans | | |
| | ☐ Ch | eck if this claim is for a commur | nity debt | | Obligations arising out of a separation agreement or divorce | | |
| | | claim subject to offset? | | | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | VI No □ Yes | | | | Other. Specify CREDIT CARD | | |
| | | - | | | | | |

| Debt | or 1 Gladys F | Remache Middle Name | Last Na: | ne | Case number (#Anon | ma) | |
|---------------|--|------------------------|-------------|--|---|--|----------------------|
| Par | rt 2: Your NON | PRICRITY Unse | ecured C | laims — Continu | uation Page | | |
| Afte | er listing any entrie | s on this page, π | umber the | em beginning with | n 4.4, followed by 4.5, and so forth. | | Total claim |
| 4.4 | BARCLAYS B | ANK DELAWA | RE | | Last 4 digits of account number | 1 4 1 0 | s_3,683.45 |
| | Nonpriority Creditor's Na | me GDEN STREE | ·T | | | | |
| | Number Street | ODENOTIVEE | | 14203 | As of the date you file, the claim | is: Check all that apply. | |
| | BUFFALO City Who incurred the | debt? Check one. | NY State | ZIP Code | ☐ Contingent ☐ Unliquidated ☐ Disputed | | |
| | Debtor 1 only Debtor 2 only Debtor 1 and Deb | e debtors and anothe | | | Type of NONPRIORITY unsecut Student loans Obligations arising out of a separation of the separation | aration agreement or divorce that ms ig plans, and other similar debts | |
| 4.5 | BUDGET REN | T A CAR SYS | TEM. IN | C. | Last 4 digits of account number | · | \$ 16,610.00 |
| | Nonpriority Creditor's Na 6 SYLVAN WA | me | <u> </u> | <u>. </u> | — When was the debt incurred? | 09/17/2017 | 1 |
| | Number Street PARSIPPANY | | NJ | 07054 | As of the date you file, the claim | is: Check all that apply. | |
| | Who incurred the of Debtor 1 only □ Debtor 2 only | | State | ZIP Code | Contingent Unliquidated Disputed Type of NONPRIORITY unsecut | red claim: | |
| | □ Debtor 1 and Deb □ At least one of the □ Check if this class the claim subject ☑ No | e debtors and anothe | | | □ Student loans □ Obligations arising out of a sepa you did not report as priority clair □ Debts to pension or profit-sharin □ Other Specify RENT A CA | ms g plans, and other similar debts | |
| - | Yes | - | | | | | |
| 4.6 | CITI SIMPLICI | | | n | Last 4 digits of account number | 0 5 8 7 | _{\$} 109.36 |
| | Nonpriority Creditor's Na PO BOX 90010 | | | | When was the debt incurred? | | |
| | Number Street LOUISVILLE | | KY | 10290 | As of the date you file, the claim | is: Check all that apply | |
| | City | | State | ZIP Code | Contingent Unliquidated | | |
| | Who incurred the of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 1 | | | | ☐ Disputed Type of NONPRIORITY unsecui | red claim: | |
| | ☐ At least one of the | • | г | | Obligations arising out of a sepa | | |
| | Check if this cla | | inity debt | | you did not report as priority claim Debts to pension or profit-sharing Other Specify CREDIT CA | g plans, and other similar debts | |
| | ☐ No ☐ Yes | | | | | | |

| Debtor 1 | Gladys Remache | | | | Case number (# known) | | | |
|-----------------|--|---|---------------|-----------------------|---|-------------------------|---|----------|
| | First Name | Middle Name | Last Name | | | | | |
| Part 2: | List All of | Your NONPRIO | RITY Uns | ecured Claims | | <u> </u> | | |
| 3. Do an | ny creditors ha | ave nonpriority ur | nsecured c | laims against you | ? | | | |
| □ No ☑ Ye | | thing to report in the | nis part. Sut | omit this form to the | court with your other schedules. | | | |
| nonpr includ | riority unsecure led in Part 1. If | d claim, list the cre | editor separa | ately for each claim | order of the creditor who holds each c For each claim listed, identify what type st the other creditors in Part 3.If you have | of claim it is. Do not | list claims al | Iready |
| | | | | | | | Total clair | TT: |
| 1 FIS | FISHER ASSOCIATES | | | | Last 4 digits of account number 1 | 2 2 8 | 0.4 | 250.00 |
| Nonp | Nonpriority Creditor's Name | | | | 1/2024 | s <u>9,5</u> | 950.00 | |
| | 152 WEST 57TH STREET 12TH FLOOR | | | | When was the debt incurred? <u>U2/U</u> | 172024 | | |
| | ber Street WYORK | | NY | 10019 | | | | |
| City | .VV TOTAL | | State | ZIP Code | As of the date you file, the claim is: Ch | eck all that apply. | | |
| | o incurred the o | iebt? Check one. | | | Contingent Unliquidated Disputed | | | |
| | Debtor 2 only | | | | _ 5.0p1.05 | | | |
| | Debtor 1 and Deb | | | | Type of NONPRIORITY unsecured cl | laim: | | |
| L | At least one of the | e debtors and another | г | | ☐ Student loans | | | |
| | Check if this cla | aim is for a commu | inity debt | | Obligations arising out of a separation at that you did not report as priority claims | | | |
| _ | e claim subjec | t to offset? | | | Debts to pension or profit-sharing plans, | | | |
| ⊠ ∨ | | | | | Other. Specify LEASE HOUSE | | | |
| □ Y | /es | | | | | | | |
| .2 HEI | LM MANAG | EMENT INC | | | Last 4 digits of account number | | s277,2 | 284.00 |
| Nonpo | riority Creditor's Na | ne | | | When was the debt incurred? $04/0$ | 1/2012 | | |
| | 336 EAST 59TH STREET, 2ND FLOOR | | | ₹ | | | | |
| | per Street WYORK | | NY | 10022 | As of the date you file, the claim is: Che | eck all that apply. | | |
| City | | | State | ZIP Code | ☐ Contingent | | | |
| Who | incurred the d | lebt? Check one. | | | ☐ Unliquidated | | | |
| Ø c | Debtor 1 only | | | | ☐ Disputed | | | |
| | Debtor 2 only | | | | Type of NONPRIORITY unsecured cl | oim. | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | | | Student loans | ann. | | |
| ^ | At least one of the | debtors and another | | | Obligations arising out of a separation ag | rreement or divorce | | |
| U 0 | Check if this claim is for a community debt | | | | that you did not report as priority claims | | | |
| _ | e claim subjec | t to offset? | | | Debts to pension or profit-sharing plans, Other. Specify LEASE LOCAL C | | | |
| | Ø No □ Yes | | | | Cities, specify <u>LESTOP EOONE OCIVINIENCOME</u> | | | : |
| _ | | *************************************** | | | | | | |
| | MORGAN C | CHASE BANK I | <u> </u> | | Last 4 digits of account number | 2_3_8 | 8.6 | 364.00 |
| • | BOX 6294 | ле | | | When was the debt incurred? | | <u>, , , , , , , , , , , , , , , , , , , </u> | 0,004.00 |
| Numb | | | | | | | | |
| | rol Stream | | IL | 60197 | As of the date you file, the claim is: Che | eck all that apoly. | | |
| City | | | State | ZIP Code | Contingent | | | |
| | | ebt? Check one. | | | Unliquidated | | | |
| | Debtor 1 only Debtor 2 only | | | | ☐ Disputed | | | |
| _ | Debtor 2 only Debtor 1 and Debt | tor 2 ontv | | | Time of NONDELODITY | -1 | | |
| | | debtors and another | | | Type of NONPRIORITY unsecured cla | aim: | | |
| | heck if this cla | im is for a commu | nity deht | | Student loans Obligations grining out of a constitution of | | | |
| | | | , | | Obligations arising out of a separation age that you did not report as priority claims | greement or divorce | | |
| is the | e claim subject lo | , to onsets | | | Debts to pension or profit-sharing plans, | and other similar debts | | |
| □ Y | | | | | Other Specify CREDIT CARD | | | |

| or 1 Gladys Remache First Name Middle Name Last Name | Case number (# known) | | | |
|---|---|--|--|--|
| 2: Your NONPRIORITY Unsecured Claims — Cont | tinuation Baga | | | |
| 2: Your NUNPRIORITY Unsecured Claims — Cont | inuation rage | | | |
| r listing any entries on this page, number them beginning v | with 4.4, followed by 4.5, and so forth. | | | |
| | | | | |
| THE HOME DEPOT / CITIBANK | Last 4 digits of account number 1 5 0 5 | | | |
| Nonpriority Creditor's Name | When was the debt incurred? | | | |
| PO BOX 6497 Number Street | When was the dept incurred? | | | |
| SIOUX FALLS SD 57117 | As of the date you file, the claim is: Check all that apply. | | | |
| City State ZIP Code | ☐ Contingent | | | |
| Who incurred the debt? Check one. | ↓ Unliquidated | | | |
| Debtor 1 only | Disputed | | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | |
| Debtor 1 and Debtor 2 only | Student loans | | | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | | | |
| ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | |
| Is the claim subject to offset? | Decis to pension or profit-sharing plans, and other similar debts Other Specify CREDIT CARD | | | |
| ☑ No | _ one opposit | | | |
| ☐ Yes | | | | |
| | 0 4 7 4 | | | |
| US DEPARTMENT OF EDUCATION Nonpriority Creditor's Name | Last 4 digits of account number 0 1 7 1 \$39,0 | | | |
| PO BOX 9635 | When was the debt incurred? 08/24/2015 | | | |
| Number Street | As of the date you file the slaim in Observation | | | |
| WILKES-BARRE PA 18773 City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | | |
| City State ZIP Code | ☐ Contingent ☐ Unliquidated | | | |
| Who incurred the debt? Check one. | Disputed | | | |
| Debtor 1 only | · | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | |
| ■ Debtor 1 and Debtor 2 only ■ At least one of the debtors and another | Student loans | | | |
| | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| ☐ Check If this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | |
| s the claim subject to offset? | Other Specify STUDENT LOAN | | | |
| ☑ No ☑ Yes | | | | |
| | \$ | | | |
| Ionpriority Creditor's Name | Last 4 digits of account number | | | |
| lumber Street | When was the debt incurred? | | | |
| | As of the date you file, the claim is: Check all that apply | | | |
| City State ZIP Code | ☐ Cortingent ☐ Unliquidated | | | |
| Who incurred the debt? Check one. | ☐ Onliquida:ed ☐ Disputed | | | |
| Debtor 1 only | | | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Student loans | | | |
| | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | |
| s the claim subject to offset? | Other Specify | | | |
| □ No □ Yes | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|-----------------|-----------|---|--|--|
| Name | | | | |
| Number | Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Nombor | dueet | | | ☐ Part 2: Creditors with Nonpriority Unsecured Cla |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | |
| Number | Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Nonibei | Sueer | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | |
| City | | State | ZIP Code | Last 4 digits of account number |
| | | anning and the second | adicachakarneretekenessaren kananbandereken | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | | | | _ |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | 22.2 | | | |
| City | | State | ZIP Code | Last 4 digits of account number |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | | *************************************** | | - |
| h | ~ | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | <u> </u> | |
| City | | State | ZIP Code | Last 4 digits of account number |
| 4-14-10-14-13-T | ** # / E) | etakik (1968) (Kalumen), menasi kasa menen menen menen dari | rospense ha ha ha dise hir ya i ili hari ciyici dawaba ma ƙasari | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | | | | on which carry are not a care and you not the original creator? |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | Ciallis |
| ity | | State | ZIP Code | Last 4 digits of account number |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | | | | on many and part of the said you not the original dedictif |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | |
| ity | | State | ZIP Code | Last 4 digits of account number |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| izme | | | | On which entry in Fait 1 of Fait 2 did you list the original creditor? |
| lumber | Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| iuiliber | Greet | | | Part 2: Creditors with Nonpriority Unsecured Claims |

Gladys Remache Debtor 1 Case number (# known) Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. Total claim 6a. Domestic support obligations 6a. 0.00 **Total claims** from Part 1 6b. Taxes and certain other debts you owe the 177,030.00 government 6c. Claims for death or personal injury while you were intoxicated 0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. 0.00 6e. Total. Add lines 6a through 6d. 6e. 177,030.00 **Total claim** 6f. Student loans 6f. **Total claims** 39.067.00 from Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority 0.00 6g 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. 333,415.37 Write that amount here.

6j. Total. Add lines 6f through 6i.

372,482.37

| First Name Middle Name Lest Name | Debtor | Gladys Remache | | | | | |
|--|---------------|---------------------|-----------------------------|-----------|--|--|--|
| | 20220 | First Name | Middle Name | Last Name | | | |
| | | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: Eastern District of New York | | Dankruptov Court fo | r the Eastern District of N | ew York | | | |
| Case number | United States | Bankiupicy Count to | | | | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - See Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company wit | h whom you | have the contract or lease | State what the contract or lease is for |
|--|--------------------------|------------|----------------------------|---|
| 2.1 | FISHER ASSOCIATION | | | RESIDENTIAL LEASE |
| | 152 WEST 57TH S | TREET 12 | TH FLOOR | |
| | Number Street NEW YORK | NY | 10019 | |
| | City | State | ZIP Code | |
| 2.2 | HELM MANAGEME | ENT INC | | LOCAL COMMERCIAL LEASE |
| and the state of t | Name 336 EAST 59TH ST | REET, 2N | D FLOOR | |
| emicological designation of the second | Number Street NEW YORK | NY | 10022 | |
| - | City | State | ZIP Code | |
| 2.3 | | | | |
| | Name | | | |
| | Number Street | | | |
| | City | State | ZIP Code | |
| 2.4 | | | | |
| | Name | | | |
| and or Designation of the last | Number Street | | | |
| - | City | State | ZIP Code | |
| 2.5 | | | | |
| | Name | | | |
| | Number Street | | | |
| - | City | State | ZIP Code | |

| Debt | or 1 | Gladys Remache | | Case number (#known) |
|------|----------|---|--|--|
| | | First Name Middle Name | Last Name | |
| THE. | | Additional Page if You | Have More Contracts or Leases | |
| | MAN . | Additional Page II Tou | nave more contracts of Leases | |
| | Person | or company with whom yo | u have the contract or lease | What the contract or lease is for |
| 2.2 | | | | |
| | Name | | | |
| | Nume | | | |
| | Number | Street | | |
| | City | State | ZIP Code | |
| | | and the statement of the | allar desirentalements emple | . Потражения в поставления в |
| 2 | | | | |
| | Name | | | |
| | Number | Street | | |
| | - | | | |
| | City | State | ZIP Code | PARTICIPATOR TO THE PROPERTY OF THE PARTICIPATION O |
| 2 | | | | |
| | Name | | 1 7 7 7 7 1 1 1 1 | |
| | Number | Street | | |
| | | dicci | | |
| | City | State | ZIP Code | |
| 2 | | 1995 JANA | 411111111111111111111111111111111111111 | the second secon |
| | Name | | | |
| | | | | |
| | Number | Street | | |
| | City | State | ZIP Code | |
| , | | | (1900-M). | подати в принципального подати в принципального подати в |
| 2 | Name | | | |
| | rvariic. | | | |
| | Number | Street | | |
| | City | State | ZIP Code | |
| | | *************************************** | 1007490000 E | 1 - 1/2 to 15 to 15 to 15 to 16 to 1 |
| 2 | | | | |
| | Name | | | |
| | Number | Street | | |
| | City | State | ZIP Code | |
| | , | unuuma ta aa | The state of the s | The state of the s |
| 2 | | | | |
| | Name | | | |
| | Number | Street | | |
| | City | 01.1 | 710.0-4- | |
| | City | State | ZIP Code | |
| 2 | | | | |
| | Name | | | |
| | Number | Street | | |
| | | 33.57.5 | | |
| | | | | |

| Debtor 1 | Gladys Rema | che | | |
|--|----------------------|----------------------------|-----------|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E Case number (If known) | Bankruptcy Court for | the: Eastern District of N | ew York | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| Do you have any codebtors No | s? (If you are filing a joint case, do n | not list either spouse as | s a codebtor.) |
|--|--|--|--|
| ☐ Yes | | | |
| 2. Within the last 8 years, have | ve you lived in a community prope ouisiana, Nevada, New Mexico, Pue | erty state or territory? erto Rico, Texas, Wash | ? (Community property states and territories include nington, and Wisconsin.) |
| No. Go to line 3. | | | |
| Yes. Did your spouse, fo | ormer spouse, or legal equivalent live | with you at the time? | |
| ☐ No | | | |
| Yes, In which commu | unity state or territory did you live? _ | | Fill in the name and current address of that person. |
| Name of your spouse, form | ner spouse, or legal equivalent | | |
| Number Street | | | |
| City | State | ZIP Code | |
| ==# | | 00.0101 | if your spouse is filing with you. List the person |
| Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | | | Schedule D, line |
| Name | | | Schedule E/F, line |
| Number Street | | | Schedule G, line |
| | | | Schedule G, line |
| City | State | ZIP Code | = |
| .2 | | | Schedule D, line |
| Name | | | Schedule E/F, line |
| Number Street | | | Schedule G, line |
| City | State | ZIP Code | |
| .3 | Oldic | ZIF Code | Herebritis |
| Name | | | Schedule D, line |
| | | | ☐ Schedule E/F, line |
| Number Street | | | ☐ Schedule G, line |
| City | State | ZIF Code | |
| and the same of th | | | |

Official Form 106H

| Debtor 1 | Gladys Remache First Name Middle Name | Last Name | | Case number (# known) |
|-------------------------|--|----------------------------------|--|--|
| | | | | |
| | Additional Page to L | ist More Codebtors | 100000000000000000000000000000000000000 | |
| Colum | n 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| _ | | | | Check all schedules that apply: |
| | | | | Schedule D, line |
| Name | | | | ☐ Schedule E/F, line |
| Numbe | r Street | | | Schedule G, line |
| | | | | |
| City | - Creterererererennymtelminnstill im | State | ZIP Code | The state of the property of the state of th |
| - Name | | | | Schedule D, line |
| Name | | | | ☐ Schedule E/F, line |
| Numbe | r Street | | | Schedule G, line |
| | | | - | |
| City | | State | ZIP Code | The state of the s |
| Name | | | | Schedule D, line |
| Name | | | | ☐ Schedule E/F, line |
| Numbe | r Street | | | ☐ Schedule G, line |
| | | | | |
| City | - mm - 1 - 3 | State | ZIP Code | |
| _ | | | | Schedule D, line |
| Name | | | | ☐ Schedule E/F, line |
| Number | r Street | | | ☐ Schedule G, line |
| | | | | |
| City | | State | ZIP Code | |
| Name | | | | Schedule D, line |
| ivanie | | | | ☐ Schedule E/F, line |
| Number | Street | | | ☐ Schedule G, line |
| | | | | |
| City | | State | ZIP Code | discharitation of the state of |
| Name | | | | Schedule D, line |
| | | | | ☐ Schedule E/F, line |
| Number | Street | | | Schedule G, line |
| City | | 200 | 22.00 | |
| City | | State | ZIP Code | |
| Name | | | | Schedule D, line |
| | | | | ☐ Schedule E/F, line |
| Number | Street | | | ☐ Schedule G, line |
| City | | State | ZIP Code | |
|] ", | | Oldic | ZIF CODE | |
| Name | | | | Schedule D, line |
| | | | | Schedule E/F, line |
| Number | Street | | | □ Schedule G, line |
| City | | State | ZIP Code | - |
| - International Control | THE NAME OF THE OWNERS AND ADDRESS OF THE PARTY OF THE PA | THE PERSON AND PERSONS ASSESSED. | THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | |

Official Form 106H

| Fill in this information to identify | your case: | | | | |
|--|--|--|-----------|------------------------|--|
| Debtor 1 Gladys Remache | | | | | |
| First Name Debtor 2 | Middle Name | Last Name | | | |
| (Spouse, if filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the | Eastern District of New Yo | rk | | | |
| Case number | | | | Check if | this is: |
| 4 | | | | | mended filing |
| | | | | | oplement showing postpetition chapter 13 ne as of the following date: |
| Official Form 106l | | | | | DD / YYYY |
| Schedule I: You | ır Income | | | inii 7 | 12/15 |
| supplying correct information. If you | ou are married and not fi use is not filing with you, top of any additional pa | ling jointly, and y do not include in | our sp | ouse is living with | tor 2), both are equally responsible for you, include information about your spousouse. If more space is needed, attach a known). Answer every question. |
| Fill in your employment information. | | Debtor 1 | | | Debtor 2 or non-filing spouse |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | ☐ Employed ☐ Not emplo | | | ☐ Employed ☐ Not employed |
| Include part-time, seasonal, or self-employed work. | Occupation | | | | |
| Occupation may include student or homemaker, if it applies. | Occupation | | | | |
| | Employer's name | * | - | | |
| | Employer's address | | | | |
| | | Number Street | | | Number Street |
| | | | | | |
| | | City | Stat | e ZIP Code | City State ZIP Code |
| | How long employed the | re? | -1 | | |
| | | | | | |
| Part 2: Give Details About | Monthly Income | *** | | | |
| Estimate monthly income as of spouse unless you are separated. | the date you file this for | n. If you have noth | ning to | report for any line, w | vrite \$0 in the space. Include your non-filing |
| If you or your non-filing spouse ha | ive more than one employe | er, combine the inf | formation | on for all employers | for that person on the lines |
| below. If you need more space, at | tach a separate sheet to the | nis form. | | | |
| | | | | For Debtor 1 | For Debtor 2 or |
| 2. List monthly gross wages, sala | | | | | non-filing spouse |
| deductions). If not paid monthly, | | | 2. | \$0.00 | s |
| 3. Estimate and list monthly over | time pay. | | 3. | +\$0.00 | + § |
| 4. Calculate gross income. Add lir | ne 2 + line 3. | | 4. | \$0.00 | \$ |
| | | | | | |

Debtor 1

| Gladys | Remache | | |
|------------|-------------|-----------|--|
| First Name | Middle Name | Last Name | |

| | | | For | Debtor 1 | For Debtor 2 or non-filing spouse | |
|------|---|----------|-----------|------------|--|-------------------------|
| | Copy line 4 here | 4. | \$ | 0.00 | \$ | |
| 5. I | List all payroll deductions: | | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | |
| | 5e. Insurance | 5e. | \$ | 0.00 | \$ | |
| | 5f. Domestic support obligations | 5f. | \$ | 0.00 | \$ | |
| | 5g. Union dues | 5g. | \$ | 0.00 | \$ | |
| | 5h. Other deductions. Specify: | 5h. | +\$ | 0.00 | + \$ | |
| 6. | Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$ | 0.00 | \$ | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | |
| 8. | List all other income regularly received: | | | | | |
| | 8a. Net income from rental property and from operating a business, profession, or farm | | | | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | |
| | 8b. Interest and dividends | 8b. | \$ | 0.00 | \$ | |
| | 8c. Family support payments that you, a non-filing spouse, or a depender regularly receive | nt | | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | |
| | 8d. Unemployment compensation | 8d. | \$ | 0.00 | \$ | |
| | 8e. Social Security | 8e. | \$ | 0.00 | \$ | |
| | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$ | 0.00 | \$ | |
| | 8g. Pension or retirement income | 8g. | ę | 0.00 | • | |
| | 8h. Other monthly income. Specify: | _ | Ψ | | 4 | |
| _ | | 8h. | | 0.00 | +\$ | |
| | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | 0.00 | \$ | |
| | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | 0.00 | \$= | s <u>0.00</u> |
| ; | State all other regular contributions to the expenses that you list in Schede include contributions from an unmarried partner, members of your household, your friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are n | our de | ependen | | · | |
| | Specify: | iot av | anable to | pay expens | es listed in S <i>chedule J.</i> 11. + | \$0.00 |
| | Add the amount in the last column of line 10 to the amount in line 11. The re Write that amount on the Summary of Your Assets and Liablities and Certain St | | | | | \$ 0.00 |
| | Do you expect an increase or decrease within the year after you file this fo | | | | | Combined monthly income |
| | □ No. | | | | | |
| | Yes. Explain: | | | | | |

| Fill in this information to identify | your case: | | | |
|---|---|--|--|------------------------------------|
| Debtor 1 Gladys Remache | | | | |
| First Name | Middle Name Last Name | Check if this | s is: | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name Last Name | An amer | • | |
| United States Bankruptcy Court for the | Eastern District of New York | | ement showing pos es as of the followin | tpetition chapter 13 |
| Case number (If known) | | MM / DD | | 3 4415. |
| Official Form 106J | | | | |
| Schedule J: Yo | ur Expenses | | | 12/15 |
| Be as complete and accurate as p information. If more space is need (if known). Answer every question | | ng together, both are equally re i. On the top of any additional pa | sponsible for supply ages, write your nan | ying correct ne and case number |
| 1 Is this a joint case? | | | | |
| No. Go to line 2. Yes. Does Debtor 2 live in a | separate household? | | | |
| □ No | le Official Form 106J-2, Expenses for S | eparate Household of Debtor 2. | | |
| 2. Do you have dependents? | ₩ No | | | - 4-7 |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not state the dependents' | each dependent | | | □ No |
| names. | | | - | ☐ Yes |
| | | | | □ No □ Yes |
| | | | | ☐ No |
| | | | - | ☐ Yes |
| | | | | □ No |
| | | | | ☐ Yes |
| | | | | □ No |
| Do your expenses include expenses of people other than | ☑ No □ Yes | | | ☐ Yes |
| yourself and your dependents? | □ Yes | | | |
| Part 2: Estimate Your Ongo | ing Monthly Expenses | | | |
| | r bankruptcy filing date unless you a nkruptcy is filed. If this is a suppleme | | | |
| | n-cash government assistance if you | know the value of | | |
| such assistance and have include | d it on Schedule I: Your Income (Office | cial Form 106l.) | Your expe | enses |
| The rental or home ownership any rent for the ground or lot. | expenses for your residence. Include | first mortgage payments and | 4. \$ | 1,990.00 |
| If not included in line 4: | | | | |
| 4a. Real estate taxes | | | 4a. \$ | 0.00 |
| 4b. Property, homeowner's, or r | enter's insurance | | 4b. \$ | 0.00 |
| 4c. Home maintenance, repair, | and upkeep expenses | | 4c. \$ | 0.00 |
| 4d. Homeowner's association o | r condominium dues | | 4d. \$ | 0.00 |
| ficial Form 106J | Schedule J: Your | Expenses | | page 1 |

| Debtor 1 | Gladys Rer | nache | | Case number (# known) |
|----------|------------|-------------|-----------|-----------------------|
| | First Name | Niddle Name | Last Name | |

| | | | Your expe | nses |
|-----|---|------------|-----------|--------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5 . | \$ | 0.00 |
| 6. | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 68.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | |
| | 6c Telephone, cell phone, Internet, satellite, and cable services | 6c | \$ | 80.00 |
| | 6d. Other. Specify: | 6d. | \$ | |
| 7. | Food and housekeeping supplies | 7. | \$ | 150.00 |
| 8. | Childcare and children's education costs | 8. | \$ | |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 50.00 |
| 10. | Personal care products and services | 10. | \$ | 60.00 |
| 11 | Medical and dental expenses | 11. | \$ | |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | | | |
| | Do not include car payments. | 12. | \$ | |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | |
| | 15b. Health insurance | 15b. | | |
| | 15c. Vehicle insurance | 15c. | | |
| | 15d Other insurance. Specify: | 15d. | \$ | |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | |
| 17. | Installment or lease payments: | | | |
| | 17a Car payments for Vehicle 1 | 17a. | S | |
| | 17b Car payments for Vehicle 2 | 17b. | | |
| | 17c. Other. Specify: | 17c. | \$ | |
| | 17d Other. Specify: | 17d. | \$ | |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 10 | Other payments you make to connect other who do not live with your | | \$ | 0.00 |
| 15. | Other payments you make to support others who do not live with you. Specify: | 19. | \$ | |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b Real estate taxes | 20b. | \$ | |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

| Debtor 1 | GIACYS REMACNE First Name Middle Name Last Name | Case number (# known) | | |
|-----------|--|-----------------------|--------|---|
| | | | | |
| 21. Othe | er. Specify: | 21. | +\$ | 0.00 |
| 2. Calc | ulate your monthly expenses. | | | |
| 22a. | Add lines 4 through 21. | 22a. | \$2,39 | 00.86 |
| 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | \$ | 0.00 |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | 2 2 c. | \$ | 00.8 |
| 23. Calcu | late your monthly net income. | | | |
| 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 0.00 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | - \$ | 00.80 |
| | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. | \$2,39 | 8.00 |
| For ex | ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you exage payment to increase or decrease because of a modification to the terms of you | xpect your | | |
| ☐ No | | | | |
| ☐ Ye | The state of the s | | | *************************************** |
| | | | | |

| First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Eastern District of New York | |
|---|--------------|
| (Spouse, if filing) First Name Middle Name Last Name | |
| | |
| Inited States Bankruptey Court for the Eastern District of New York | |
| office diales parkingley coult for the Lastern District of New York | |
| | |
| Case number | |
| ((f known) | f this is ar |
| amende | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| What is your current marital status? Married Not married | | | |
|--|-------------------------------|---|--|
| During the last 3 years, have you lived anywhere on No Yes. List all of the places you lived in the last 3 years. | | | |
| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
| Number Street | From | Same as Debtor 1 Number Street | Same as Debtor 1 From To |
| City State ZIP Code | | City State ZIP Code | |
| Number Street | From To | Number Street | Same as Debtor 1 From To |
| City State ZIP Code | | City State ZIP Code | - |
| Within the last 8 years, did you ever live with a sp states and territories include Arizona, California, Idah No Yes. Make sure you fill out Schedule H: Your Cool | o, Louisiana, Nevac | la, New Mexico, Puerto Rico, Texas, Washington, | y? (Community property and Wisconsin.) |

Part 2: Explain the Sources of Your Income

| Did you have any income from employmen Fill in the total amount of income you received If you are filing a joint case and you have inco | from all jobs and all bus | inesses, including part-tir | me activities. | endar years? |
|--|--|---|---|---|
| ☐ No ☐ Yes. Fill in the details. | | | | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips | \$0.00 | Wages, commissions, bonuses, tips | \$ |
| WHERE THE R. H. CHARLESTON | Operating a business | | Operating a business | 0.6T11*49*#1=(+11++0.210.01.0*1.0*2.00.0001110.0 |
| For last calendar year: | Wages, commissions, bonuses, tips | \$0.00 | Wages, commissions, bonuses, tips | \$ |
| (January 1 to December 31, 2023 YYYY | Operating a business | | Operating a business | - |
| For the calendar year before that: | ☐ Wages, commissions, | | ☐ Wages, commissions, | |
| (January 1 to December 31, 2022) | bonuses, tips Operating a business | \$26,800.00 | bonuses, tips Operating a business | \$ |
| Include income regardless of whether that inco unemployment, and other public benefit paym gambling and lottery winnings. If you are filing | ome is taxable. Examples ents; pensions; rental inc a joint case and you hav | s of other income are alinome; interest; dividends; e income that you receive | money collected from laws ed together, list it only once | suits; royalties; and |
| Did you receive any other income during the Include income regardless of whether that income unemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from e No Yes. Fill in the details. | ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. D | s of other income are alinome; interest; dividends; e income that you receive | money collected from laws ed together, list it only once | suits; royalties; and |
| Include income regardless of whether that inco unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e Mo | ome is taxable. Examples ents; pensions; rental inc a joint case and you hav | s of other income are alinome; interest; dividends; e income that you receive | money collected from laws ed together, list it only once | suits; royalties; and |
| nclude income regardless of whether that inco inemployment, and other public benefit paym pambling and lottery winnings. If you are filing ist each source and the gross income from e | ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. D | s of other income are alinome; interest; dividends; e income that you receive | money collected from laws ed together, list it only once t you listed in line 4. | suits; royalties; and e under Debtor 1. Gross income from each source |
| nclude income regardless of whether that income nemployment, and other public benefit payment ambling and lottery winnings. If you are filing list each source and the gross income from e No Yes. Fill in the details. From January 1 of current year until | ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. D | s of other income are alimome; interest; dividends; e income that you receive o not include income that Gross income from each source (before deductions and | money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income | suits; royalties; and a under Debtor 1. Gross income from each source (before deductions and |
| nclude income regardless of whether that incomployment, and other public benefit paym pambling and lottery winnings. If you are filing list each source and the gross income from e No | ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. D | s of other income are alimome; interest; dividends; e income that you receive o not include income that Gross income from each source (before deductions and | money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions and |
| nclude income regardless of whether that income nemployment, and other public benefit paymer ambling and lottery winnings. If you are filing list each source and the gross income from e No Yes. Fill in the details. From January 1 of current year until | ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. D | s of other income are alimome; interest; dividends; e income that you receive o not include income that Gross income from each source (before deductions and | money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income | suits; royalties; and a under Debtor 1. Gross income from each source (before deductions and |
| nclude income regardless of whether that income the income regardless of whether that income memployment, and other public benefit paymembling and lottery winnings. If you are filling list each source and the gross income from e No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: | ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. D | s of other income are alimome; interest; dividends; e income that you receive o not include income that Gross income from each source (before deductions and | money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income | suits; royalties; and a under Debtor 1. Gross income from each source (before deductions and |
| nclude income regardless of whether that income public benefit paym gambling and lottery winnings. If you are filing list each source and the gross income from e No Yes. Fill in the details. From January 1 of current year until | ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. D | s of other income are alimome; interest; dividends; e income that you receive o not include income that Gross income from each source (before deductions and | money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions and |
| nclude income regardless of whether that income income regardless of whether that income memployment, and other public benefit paymer that income income and lottery winnings. If you are filling it each source and the gross income from each source and the gross income from each of the come income | ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. D | s of other income are alimome; interest; dividends; e income that you receive o not include income that Gross income from each source (before deductions and | money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions and |
| nclude income regardless of whether that income property and other public benefit paymer publing and lottery winnings. If you are filling ust each source and the gross income from each source and the gross income from each of the property of the property of the property of the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2023 | ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. D | Gross income from each source (before deductions) \$ | money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income | suits; royalties; and a under Debtor 1. Gross income from each source (before deductions and |
| Include income regardless of whether that income unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: | ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. D | s of other income are alimome; interest; dividends; e income that you receive o not include income that Gross income from each source (before deductions and | money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions and |

Gladys Remache

| ebtor 1 | Gladys Remache | | Cas | se number (# known) | |
|---------|---|---|--|---|---|
| | First Name Middle Name Last Name | • | | | |
| art 3: | List Certain Payments You Made B | ofens Yen File | d for Dantonia | | |
| ait J. | List Certain Fayinents 100 made B | elole fou File | d for Bankruptcy | | |
| Are eit | ther Debtor 1's or Debtor 2's debts primar | ily consumer de | hto? | | |
| | | | | | |
| U NO | Neither Debtor 1 nor Debtor 2 has prima "incurred by an individual primarily for a pe | arily consumer c ersonal, family, or | lebts. Consumer debts household purpose." | are defined in 11 U.S.C. § 10 | 1(8) as |
| | During the 90 days before you filed for bar | nkruptcy, did you | pay any creditor a total | of \$7,575* or more? | |
| | No. Go to line 7. | | | | |
| | ☐ Yes. List below each creditor to whom total amount you paid that credito child support and alimony. Also, o | or. Do not include | payments for domestic | support obligations, such as | |
| | * Subject to adjustment on 4/01/25 and ev | | • | • • | |
| ☐ Ye | s. Debtor 1 or Debtor 2 or both have prima | arily consumer d | lebts. | | |
| | During the 90 days before you filed for bar | | | of \$600 or more? | |
| | ☑ No. Go to line 7. | | | | |
| | ☐ Yes. List below each creditor to whom | vou paid a total a | of \$600 or more and the | tatal amount was naid that | |
| | creditor. Do not include payments | s for domestic sur | port obligations, such a | s child support and | |
| | alimony. Also, do not include pay | ments to an attori | ney for this bankruptcy | case. | |
| | | Dates of | Total amount paid | Amount you still owe | Was this payment for. |
| | | payment | | | |
| | | | \$ | \$ | ☐ Mortgage |
| | Creditor's Name | | | | Car |
| | Number Street | | | | ☐ Credit card |
| | | | | | Loan repayment |
| | | | • | | Suppliers or vendors |
| | City State ZIP Coc | de | | | Other |
| | | | | 45 200 200 000 000 000 000 000 000 000 00 | *************************************** |
| | | | · \$ | <u> </u> | ☐ Mortgage |
| | Creditor's Name | | • | | ☐ Car |
| | Number Street | | | | Credit card |
| | Number Sites | | | | Loan repayment |
| | | | | | Suppliers or vendors |
| | City State ZIP Coo | - | | | Other |
| | City State ZIP Coc | | | | |
| | | | | • | |
| | Creditor's Name | | \$ | \$ | ☐ Mortgage |
| | | | | | ☐ Car |
| | Number Street | | | | Credit card |
| | | | | | Loan repayment |
| | | | | | Suppliers or vendors |
| | | | | | Other |

| otor 1 | Gladys Remache First Name Middle Name Last Name | | - | Case number (# known) | |
|--------------------------------|--|--|--|---|--|
| Insid corpo agen such | in 1 year before you filed for bankruptcy, did y lers include your relatives; any general partners; rorations of which you are an officer, director, persont, including one for a business you operate as a sas child support and allmony. | elatives of any on in control, o | general partners; properties of 20% or | partnerships of which more of their voting | h you are a general partner; securities; and any managing |
| A | | | | | |
| U Y | es. List all payments to an insider. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | | | \$ | s | |
| | Insider's Name | | V | - V | |
| | Number Street | | | | |
| | | | | | |
| | City State ZIP Code | ************************************** | . ************ | t at teat of their constitutions of the | |
| | | | \$ | \$ | |
| | Insider's Name | | | | |
| | Number Street | | - | | |
| | | | | | |
| | City State ZIP Code | | | | |
| en in Includ | in 1 year before you filed for bankruptcy, did yousider? de payments on debts guaranteed or cosigned by do | | Total amount | fer any property o Amount you still owe | n account of a debt that benefited Reason for this payment Include creditor's name |
| | India de Maria | | \$ | \$ | |
| | Insider's Name | | | | |
| | Number Street | | | | |
| | | | | | |
| | | | | | |
| | City State ZIP Code | . /oww.i | | | |
| | | · ///** | \$ | . \$ | |
| | • | | \$ | \$ | |
| | | | \$ | \$ | |
| | Insider's Name | | \$ | \$ | |

| btor 1 | Gladys Remache First Name Middle Name Last | Name | Case number (| i known) | |
|------------------|---|--|--|--|---|
| | THE PERSON NAMED TRAINE LAST | rane | | | |
| art 4: | Identify Legal Actions, Reposs | sessions, and Foreclosur | es | | |
| Withi | n 1 year before you filed for bankrup | tcy, were you a party in any l | awsuit, court action, or | administrative proceedir | ıg? |
| | Il such matters, including personal injury ontract disputes. | y cases, small claims actions, o | divorces, collection suits, | paternity actions, support | or custody modificatio |
| Ø N | | | | | |
| □ Y ₀ | es. Fill in the details. | | e e e e e e e e e e e e e e e e e e e | | |
| | | Nature of the case | Court or agency | | Status of the case |
| (| Case title | | Court Name | The second secon | - Pending |
| | | | Court Name | | On appeal |
| - | | | Number Street | | Concluded |
| (| Case number | | : - | | _ |
| ••• | | | City | State ZIP Code | |
| , | Case title | | | | - Pending |
| ` | Jose Inte | · | Court Name | | On appeal |
| - | | | Number Street | | Concluded |
| c | Case number | : | | | |
| | | | City | State ZIP Code | • |
| | es. Fill in the information below. | Describe the proper | ty : The second sec | Date | Value of the property |
| | | | <u> </u> | A 175 IF Strainming | |
| | Creditor's Namo | : | | | \$ |
| | | | and the second s | William Willia | |
| | Number Street | Explain what happe | ned | | |
| | | Property was | | | |
| | | Property was | | | |
| | City State ZIP Co | | attached, seized, or levied | I . | |
| | | Describe the proper | ty | Date | Value of the property |
| | | The state of the s | een verstree en House een in die een in in in in aan aan van vers | | akirkalis katiri kiliba arista albekar bilgar katiran ing menje |
| | Creditor's Name | | | | \$ |
| | CICCIDI SIVAIIIO | | | | |
| | Number Street | Explain what happe | ned | | |
| | | Property was | | | |
| | | Property was | | | |
| | City State ZIP Co | Property was | garnished. | | |
| | | | attached, seized, or levied | l. | |

| Gladys Remache First Name Middle Name | Last Name | | Case number (# known)_ | · | |
|---|--------------------------------------|--|--|---------------------------------|-----------------|
| | | | | | |
| | | | | | |
| hin 90 days before you filed for b | ankruptcy, did any cred | litor, including a bar | nk or financial institut | tion, set off any an | nounts from you |
| ounts or refuse to make a payme | ent because you owed a | i debt? | | | |
| No | | - | | | |
| Yes. Fill in the details. | | | | | |
| | Describe the ac | tion the creditor took | | Date action | Amount |
| | | | | was taken | |
| Creditor's Name | *** | | | | |
| · | | | | | \$ |
| Number Street | | | | | |
| | | | | | |
| | | | The state of the s | | |
| City State ZIP C | Code Last 4 digits of | account number: XXX | κx– | | |
| | _ | | | | |
| hin 1 year before you filed for bar | nkruptov, was any of vo | ur property in the n | ossession of an assid | inee for the henefi | t of |
| ditors, a court-appointed receiver | | | an acong | , and benefit | |
| No | | | | | |
| Yes | | | | | |
| _ | | | | | |
| List Certain Gifts and Con | ntributions | | | | |
| | | | | | |
| | | | | | |
| nin 2 years before you filed for ba | inkruptcy, did you give | any gifts with a tota | I value of more than \$ | 600 per person? | |
| No | | | | | |
| Yes. Fill in the details for each gift. | | | | | |
| ing a service of the | La Lista de la secolo de la colonia. | en en alla de la | | Wiles Till Seed of the Seedings | |
| Gifts with a total value of more than per person | \$600 Describe the gift | and the company of th | | Dates you gave the gifts | Value |
| | | | | | |
| | | | | | |
| Person to Whom You Gave the Gift | | | | | \$ |
| | | | | | |
| | | | | | \$ |
| | | | | | |
| Number Street | : | | | | |
| | | | | | |
| City State ZIP C | Code | | | | |
| Danish saladanakir ta | | | | | |
| Person's relationship to you | | The contract the state of the contract of the | · · · · · · · · · · · · · · · · · · · | _ | |
| | | | | ninggand om værelede. | |
| Sifts with a total value of more than \$6 per person | 600 Describe the gift | | | Dates you gave the gifts | Value |
| • | | to see the transfer of | | 1 | |
| | | | | | e |
| Person to Whom You Gave the Gift | | | | | Ψ |
| | | | | | œ |
| | | | | | \$ |
| | | | | | |
| Number Street | : | | | | |
| | | | | | |
| City State ZIP C | Cade | | | | |
| | | | | | |
| | | | | 1 | |

| 1 Gladys Remache First Name Middle Name t | Case number (# | (known) | |
|--|--|---|-----------------------------|
| | | | |
| Vithin 2 years before you filed for bank | uptcy, did you give any gifts or contributions with a tot | al value of more than \$6 | 00 to any charity? |
| ☑ No | | | |
| Yes. Fill in the details for each gift or co | ontribution. | | |
| | | | |
| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
| | | | |
| | | | |
| Charity's Name | - | | \$ |
| | | | |
| | - | - | 5 |
| | | | |
| Number Street | | | |
| | | | |
| City State ZIP Code | _ | | |
| | | | |
| Tento | | | |
| 6: List Certain Losses | | | |
| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insuclaims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| - Theorem in the control of the cont | The second secon | All The trableman | \$ |
| 7: List Certain Payments or Tra | nsfers | | PTXYANTERS (Integral of the |
| /ithin 1 year before you filed for bankru | ptcy, did you or anyone else acting on your behalf pay | or transfer any property | to anyon- |
| ou consulted about seeking bankruptc | | or transfer any property | to anyone |
| | preparers, or credit counseling agencies for services require | ed in your bankruptcy. | |
| 1 No | | | |
| Yes. Fill in the details. | | | |
| Law Office of Richard La Salle | Description and value of any property transferred | Date payment or transfer was made | Amount of paymen |
| 8801 Roosevelt Ave. | Legal Fee | | |
| Number Street | | 04/30/2024 | \$1,500.00 |
| | | | |
| | | | \$ |
| Jackson Height NY 11372 City State ZIP Code | | | |
| | | | |
| info@richardlasalle.com Email or website address | | | |
| Dames Who Ha the Comment | | | |
| Person Who Made the Payment, if Not You | | | |

| | Gladys Remache First Name Middle Name Last H | Name Case numb | er (il known) | W 4 | |
|--|---|--|---|--------------------------------------|--------------------------|
| _ | | | ***** | | |
| | | Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
| | Person Who Was Paid | The state of the s | | | _ |
| | Number Stroet | | | | \$ |
| | | | | | \$ |
| | City State ZIP Code | | | | |
| | | | | | |
| | Email or website address | | | | |
| i | Person Who Made the Payment, if Not You | No. 1000 - 1000 | *** · · · · · · · · · · · · · · · · · · | | |
| rom | nised to help you deal with your credite | cy, did you or anyone else acting on your behalf pors or to make payments to your creditors? | oay or tran | nsfer any property to | anyone who |
| | ot include any payment or transfer that yo | ou listed on line 16. | | | |
| l N l Y | lo 'es. Fill in the details. | | | | |
| | | Description and value of any property transferred | | Date payment or transfer was | Amount of paym |
| | Person Who Was Paid | | | made | |
| | | | | | |
| | Number Street | | | | \$ |
| | Number Street | | | | \$ \$ |
| | City State ZIP Code | tcv. did you sell trade or otherwise transfer any | nronerty t | O anyong other tha | \$\$ |
| ithi ans clud o no N | City State ZIP Code in 2 years before you filed for bankrup ferred in the ordinary course of your be de both outright transfers and transfers mot include gifts and transfers that you hav | nade as security (such as the granting of a security in | | | |
| ithi ans clud o no | City State ZIP Code in 2 years before you filed for bankrup iferred in the ordinary course of your be de both outright transfers and transfers mot include gifts and transfers that you hav o | pusiness or financial affairs? nade as security (such as the granting of a security in a security i | terest or m | ortgage on your prop | perty). |
| ithians cluc o no N | City State ZIP Code in 2 years before you filed for bankrup iferred in the ordinary course of your be de both outright transfers and transfers mot include gifts and transfers that you hav o | ousiness or financial affairs? nade as security (such as the granting of a security in a security i | terest or m | ortgage on your prop | Date transfer |
| ithi ans clud o no N | City State ZIP Code in 2 years before you filed for bankrup iferred in the ordinary course of your b de both outright transfers and transfers m of include gifts and transfers that you hav o es. Fill in the details. | pusiness or financial affairs? nade as security (such as the granting of a security in a security i | terest or m | ortgage on your prop | Date transfer |
| ithians clucono no N | City State ZIP Code in 2 years before you filed for bankrup iferred in the ordinary course of your b de both outright transfers and transfers m ot include gifts and transfers that you hav o es. Fill in the details. Person Who Received Transfer | pusiness or financial affairs? nade as security (such as the granting of a security in a security i | terest or m | ortgage on your prop | Date transfer |
| ithii ans cluc o no N Y | City State ZIP Code in 2 years before you filed for bankrup iferred in the ordinary course of your it de both outright transfers and transfers m of include gifts and transfers that you hav o es. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code | pusiness or financial affairs? nade as security (such as the granting of a security in a security i | terest or m | ortgage on your prop | Date transfer |
| ithinans cluck on the second of the second o | City State ZIP Code in 2 years before you filed for bankrup iferred in the ordinary course of your b de both outright transfers and transfers m ot include gifts and transfers that you hav o es. Fill in the details. Person Who Received Transfer Number Street | pusiness or financial affairs? nade as security (such as the granting of a security in a security i | terest or m | ortgage on your prop | Date transfer |
| ithians clude one of the clude | City State ZIP Code in 2 years before you filed for bankrup eferred in the ordinary course of your k de both outright transfers and transfers m of include gifts and transfers that you hav o es. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code | pusiness or financial affairs? nade as security (such as the granting of a security in a security i | terest or m | ortgage on your prop | Date transfer |
| ithians clude one of the clude | City State ZIP Code in 2 years before you filed for bankrup eferred in the ordinary course of your be de both outright transfers and transfers mot include gifts and transfers that you hav o es. Fill in the details. Person Who Received Transfer City State ZIP Code Person's relationship to you Person Who Received Transfer | pusiness or financial affairs? nade as security (such as the granting of a security in a security i | terest or m | ortgage on your prop | perty). Date transfer |

| | | | Case number (# know | ") | |
|--------------|--|---------------------------------------|---|--|--|
| | First Name Middle Name Las | t Name | | | |
| | | | | | |
| Within | 10 years before you filed for bankr | uptcy, did you transfer any prope | ty to a self-settled trust | or similar device of w | hich you |
| are a b | peneficiary? (These are often called a | asset-protection devices.) | | | |
| ☐ No | | | | | |
| ☐ Yes | s. Fill in the details. | | | | |
| | | Description and value of the prope | urbu transformul | 100 mg 70 m 100 mg 70 m | Data tamanda |
| | | bescription and value of the prope | aty dansieried | | Date transfer was made |
| | | | | | |
| Nan | me of trust | - | | | |
| | | | | | |
| _ | | - | | | *************************************** |
| | | | | | , parkey v. s. f |
| rt 8: 1 | List Cortain Financial Account | s, instruments, Sefe Deposit | Boxes, and Storage | Units | |
| | 1 year before you filed for bankrup | · · · · · · · · · · · · · · · · · · · | | | honofit |
| | I, sold, moved, or transferred? | were any manetal accounts t | n manumenta neid in y | our name, or for your | beriefft, |
| include | e checking, savings, money market | , or other financial accounts; cert | ficates of deposit; shar | es in banks, credit un | ions, |
| | rage houses, pension funds, coope | ratives, associations, and other fir | nancial institutions. | | |
| Ø No | | | | | |
| ∟ Yes | s. Fill in the details. | , earl feet and the contract that the | | | Place State of the State of St |
| | | Last 4 digits of account number | Type of account or | Date account was | Last balance befo |
| | | | instrument | closed, sold, moved, or transferred | closing or transfer |
| Na | ame of Financial Institution | | | | |
| 71.5 | | xxxx | ☐ Checking | | \$ |
| Nu | imber Street | , | Savings | | |
| | | | ☐ Money market | | |
| | | • | | | |
| _ | | • | ☐ Brokerage | | |
| City | ly State ZIP Code | | Brokerage Other | | |
| City | ly State ZIP Code | • | = | | |
| *********** | | | = | | s |
| *********** | ly State ZIP Code | . xxxx | Other | | s |
| Nar | | . xxxx | ☐ Other ☐ Checking ☐ Savings | | s |
| Nar | me of Financial Institution | . xxxx | ☐ Other ☐ Checking ☐ Savings ☐ Money market | | \$ |
| Nar | me of Financial Institution | xxxx | ☐ Other ☐ Checking ☐ Savings | | \$ |

| or 1 | Gladys Rema | | l Name | Cas | se number (# known) | | |
|--|--|---|---|---|---|--|-----------------------|
| | , marine | | | | | | |
| lave y | ou stored propert | y in a storage unit | or place other than your h | ome within 1 year | before you filed for bar | nkruptcy? | |
| ZÍ No | | - | | • | • | | |
| Yes | s. Fill in the detail | s. | | | ear early and a second of the | r . 1 | |
| | | | Who else has or had acce | ss to it? | Describe the contents | | Do you st have it? |
| | | | | | | ena taundulliakibiliaku usi | HAVERT |
| - | lame of Storage Facility | | | | | | □ No |
| " | lame of Storage Facility | | Name | | | | ☐ Yes |
| Ñ | lumber Street | | Number Street | | | | |
| | | | | | | | |
| _ | | | City State ZIP Code | | | | |
| c | City | State ZIP Code | | | | | |
| | | | | | | | |
| rt 9: | identify Pro | perty You Hold | or Control for Someon | e Elso | | | |
| Do vo | u hold or control : | any property that s | omeone else owns? Inclu | de any property y | ou borrowed from are a | toring for | |
| | ld in trust for some | | omeone eise owns : meiu | de any property y | od borrowed from, are s | doring for, | |
| ☑ No | o | | | | | | |
| 🔲 Ye | es. Fill in the detai | ls. | | | | | |
| | | | Where is the property? | | Describe the property | | Value |
| | | | | | | | |
| | | | | | | 1 | |
| <u></u> | wner's Name | | | | | | \$ |
| 5 | owner's Name | | Number Street | | | | \$ |
| _ | Owner's Name | | Number Street | , | | | \$ |
| _ | | | Number Street | | | | \$ |
| N - | lumber Street | State 710 Code | | tate ZIP Code | | | \$ |
| Ñ - € | lumber Street | State ZIP Code | City s | tate ZIP Code | | | \$ |
| N - | lumber Street | | | tate ZIP Code | | | \$ |
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| ebtor 1 | Gladys Remache First Name Middle Name Last | | Case number | (i known) | |
|---------------|---|--|--|--|--|
| | Litzt vause winde vaus Cast | Name | | | |
| 25 Have | you notified any governmental unit o | of any release of hazardous materials | , | | |
| 52 1 1 | | in unit release of hazardous materials | • | | |
| | es. Fill in the details. | | | | |
| | | Governmental unit | Environmental law | , if you know it | Date of notice |
| | | and the first of the second o | er er treatett ti estett af etastaria. | The second secon | |
| | Name of site | Governmental unit | | | |
| | Number Street | Number Street | The state of the s | | |
| | | Hallisti Gudot | | | |
| | | City State ZIP Code | | | |
| | City State ZiP Code | • | | | |
| . Have | you been a party in any judicial or ad | Iministrative proceeding under any o | nvironmontal la | w2 Include settlements and a | |
| ZÍ 1 | | ministrative proceeding under any e | iiviioiiiileiitai ia | w r include settlements and o | raers. |
| | 'es. Fill in the details. | | | | |
| | | Court or agency | Nature of the | case | Status of the |
| , | Case title | | | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | case |
| | ase uue | Court Name | - | | Pending |
| _ | | _ | | | On appeal |
| | | Number Street | • | | ☐ Concluded |
| 7 | ase number | _ | - | | |
| | | City State ZIP Code | | | |
| art 11 | Give Details About Your Bus | siness or Connections to Any B | usinass | | |
| [] | in 4 years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability comp A partner in a partnership An officer, director, or managing ex | in a trade, profession, or other activi pany (LLC) or limited liability partner | ity, either full-tin | wing connections to any busi ne or part-time | iness? |
| 5 | An owner of at least 5% of the votin | ng or equity securities of a corporation | o n | | |
| | lo. None of the above applies. Go to P | art 12. | | | |
| | es. Check all that apply above and fill | | ess. | | |
| | KAHLUA'S CAFE INC | Describe the nature of the business | | Employer Identification number. Do not include Social Security n | umber or ITIN. |
| | 2117 3rd Avenue | Restaurant | | EIN: 0 4 -3 7 2 4 | |
| | Number Street | | | | |
| | | Name of accountant or bookkeeper | | Dates business existed | |
| | New York NY 10029 | Sandra E Norona-Coronado | | From 10/02/2002To 01/15/2 | 2023 |
| | City State ZIP Code | | · continui i fination d | o do cara com sistema do parte y montro com tra de cara do sida parte grada grada grada de sistema de caracter | (1915), mile minimi kilo kilo mike mile na isana kana atau atau atau atau atau atau atau a |
| | | Describe the nature of the business | | Employer Identification number | |
| | Business Name | | BEVEL BRILLE I : | Do not include Social Security no | MILLOST OF FIIN, |
| | Number Street | de la companya del companya de la companya del companya de la comp | i | EIN: | |
| | | Name of accountant or bookkeeper | | Dates business existed | |
| | | | *** | Eram T- | |
| | City State ZIP Code | | *** | From To | - |

| | First Name N | | | |
|-----------------------------|--|--|--|---|
| | | Vidde Name Last I | Name | |
| , | | , | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | Business Name | | | EIN: |
| | Number Street | | | #44.0 KO 1, KO 10 |
| | | | Name of accountant or bookkeeper | Dates business existed |
| | City | State ZIP Code | | From To |
| | Cny | State Zir Code | | |
| | | | otcy, did you give a financial statement to anyone | e about your business? Include all financial |
| nsti: D N | itutions, creditors, | or other parties. | | |
| | vo Yes. Fill in the deta | ails below. | | |
| | | | Date issued | |
| | | | | |
| | | | | |
| | Name | | MM/DD/YYYY | |
| | Number Street | | | |
| | | | | |
| | | | | |
| | City | State ZIP Code | | |
| | | | - | |
| | | | | |
| | | | | |
| | = | | | |
| | 2: Sign Below | | | |
| t 12 | | ars on this Statemen | t of Financial Affairs and any attachments, and i | I declare under panalty of perjuny that the |
| l ha | ave read the answe | l correct. I understand | et of Financial Affairs and any attachments, and I d that making a false statement, concealing pro | perty, or obtaining money or property by fraud |
| l ha ans in c | ave read the answe | l correct. I understand bankruptcy case can | of of Financial Affairs and any attachments, and I d that making a false statement, concealing prop n result in fines up to \$250,000, or imprisonment | perty, or obtaining money or property by fraud |
| l ha ans in c | ave read the answersers are true and connection with a l | l correct. I understand bankruptcy case can | d that making a false statement, concealing prop | perty, or obtaining money or property by fraud |
| l ha ans in c | ave read the answersers are true and connection with a l | l correct. I understand bankruptcy case can | d that making a false statement, concealing prop | perty, or obtaining money or property by fraud |
| I ha ans in c 18 L | ave read the answers are true and connection with a lu.s.c. §§ 152, 134 | correct. I understand bankruptcy case can 1, 1519, and 3571. | d that making a false statement, concealing properties of the statement of | perty, or obtaining money or property by fraud |
| I ha ans in c 18 L | ave read the answers are true and connection with a U.S.C. §§ 152, 134 | correct. I understand bankruptcy case can 1, 1519, and 3571. | d that making a false statement, concealing prop | perty, or obtaining money or property by fraud |
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| I ha ans in c 18 L | ave read the answers are true and connection with a lu.s.c. §§ 152, 134. Later of the property of the connection with a lu.s.c. §§ 152, 134. Signature of the connection of the connection with a lu.s.c. §§ 152, 134. | correct. I understand bankruptcy case can 1, 1519, and 3571. | d that making a false statement, concealing properties of the statement of the statement of the statement of Debtor 2 Date | perty, or obtaining money or property by fraud for up to 20 years, or both. |
| I ha ans in c 18 L | ave read the answers are true and connection with a lu.S.C. §§ 152, 134. Signature of Vebtor Date Of July 20, 134. | correct. I understand bankruptcy case can 1, 1519, and 3571. | d that making a false statement, concealing properties of the statement of the statement of the statement of Debtor 2 Date | perty, or obtaining money or property by fraud for up to 20 years, or both. |
| I ha ans in c 18 L | ave read the answers are true and connection with a lu.S.C. §§ 152, 134. Signature of vebtor debtor and you attach addition in the content of the content o | correct. I understand bankruptcy case can 1, 1519, and 3571. Market 1 OSA onal pages to Your St | statement, concealing properties of the statement of Financial Affairs for Individuals Filing that the statement of Financial Affairs for Individuals Filing that the statement of Financial Affairs for Individuals Filing | perty, or obtaining money or property by fraud for up to 20 years, or both. |
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| I ha ans in c 18 L Did | ave read the answers are true and connection with a lu.S.C. §§ 152, 134. Signature of vehtor bate Of July 20 you attach addition No Yes | to pay someone who | signature of Debtor 2 Date Date Date Date Date Distancial Affairs for individuals Filing to its not an attorney to help you fill out bankruptons is not an attorney to help you fill yo | perty, or obtaining money or property by fraud for up to 20 years, or both. |

| Debtor 1 | Gladys Remache | | | | |
|--|----------------------|----------------------------|-----------|--|--|
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, If filing) | First Name | Middle Name | Last Name | | |
| United States E Case number (If known) | Bankruptcy Court for | the: Eastern District of N | ew York | | |

Check if this is an amended filing

Official Form 108

Part 1:

Statement of Intention for Individuals Filing Under Chapter 7 12/15

If you are an individual filing under chapter 7, you must fill out this form if:

List Your Creditors Who Have Secured Claims

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that secures a debt? Did you claim the property on Schedule.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's name: | ☐ Surrender the property. | □ No |
| Description of property securing debt: | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ☐ Yes |
| Creditor's name: | ☐ Surrender the property. | □ No |
| Description of | Retain the property and redeem it. | ☐ Yes |
| pescription of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| A | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | □Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| Vac 3.10 A. 20.155. | Retain the property and [explain]: | |
| | | |

| d. You may assume an unexpired person | leases. Unexpired leases are leases that are still in effect; the lease period has not yet operty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |
|--|---|
| Describe your unexpired personal property le | s Will the lease be assumed? |
| essor's name: | □ No |
| escription of leased operty: | ☐ Yes |
| essor's name: | □ No |
| escription of leased roperty: | ☐ Yes |
| essor's name: | □ No |
| escription of leased roperty: | ☐ Yes |
| essor's name: | □ No |
| escription of leased operty: | Yes |
| essor's name: | ☐ No |
| escription of leased operty: | Yes |
| essor's name: | □ No |
| escription of leased operty: | Yes |
| essor's name: | □ No |
| escription of leased operty: | Yes |
| | |
| Sign Below | |
| | icated my intention about any property of my estate that secures a debt and any |

| Fill in thi | s information to ide | entify your case: | |
|-----------------|-------------------------|---------------------------|-----------|
| Debtor 1 | Gladys Rema | che | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if fil | ing) First Name | Middle Name | Last Name |
| United State | es Bankruptcy Court for | the Eastern District of N | ew York |
| Case numb | er | | |

| | ck one box only as directed in this form and in m 122A-1Supp: |
|----|--|
| Ø. | There is no presumption of abuse. |
| | The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2). |
| | The Means Test does not apply now because of qualified military service but it could apply later. |

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

| bi | Galculate Your Current Monthly Income | | | | | |
|----|---|---------------------------------|--|--------------------------------|--|---|
| 1. | What is your marital and filing status? Check one only ☑ Not married. Fill out Column A, lines 2-11. ☐ Married and your spouse is filing with you. Fill out | | nns A and B. | lines 2-1 | 1. | |
| | ☐ Married and your spouse is NOT filing with you. Y | | | | | |
| | ☐ Living in the same household and are not leg | | | | mas A and B lin | nos 2.11 |
| | Living separately or are legally separated. Fill under penalty of perjury that you and your spous | l out Colum | n A, lines 2- | 11: do not | fill out Column E | B. By checking this box, you declare |
| | spouse are living apart for reasons that do not in | clude evadi | ing the Mear | s Test red | uirements, 11 L | J.S.C. § 707(b)(7)(B). |
| | Fill in the average monthly income that you received bankruptcy case. 11 U.S.C. § 101(10A). For example, if August 31. If the amount of your monthly income varied of Fill in the result. Do not include any income amount more income from that property in one column only. If you have | you are filing the 6 than once. | ng on Septer months, add For example | nber 15, the income, if both s | he 6-month perion ne for all 6 mont pouses own the | od would be March 1 through hs and divide the total by 6. same rental property, put the |
| | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
| 2. | Your gross wages, salary, tips, bonuses, overtime, ar (before all payroll deductions). | nd commis | sions | | \$ | \$ |
| 3. | Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | | | \$ | \$ | |
| 4. | All amounts from any source which are regularly paid of you or your dependents, including child support. It from an unmarried partner, members of your household, and roommates. Include regular contributions from a spot filled in. Do not include payments you listed on line 3. | nclude regu your depend | lar contributi dents, paren | ons s, | \$ | \$ |
| 5. | Net income from operating a business, profession, or farm | Debtor 1 | Debtor 2 | | | |
| | Gross receipts (before all deductions) | \$ | . \$ | | | |
| | Ordinary and necessary operating expenses | - \$ | - \$ | | | |
| | Net monthly income from a business, profession, or farm | \$ | \$ | Copy here | \$ | \$ |
| 6. | Net income from rental and other real property Gross receipts (before all deductions) | Debtor 1 \$ | Debtor 2 | | | |
| | Ordinary and necessary operating expenses | - \$ | - \$ | | | |
| | Net monthly income from rental or other real property | S | \$ | Copy here | \$ | \$ |
| 7. | Interest, dividends, and royalties | - | | | \$ | \$ |

| First Name Niddle Name Last Name Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit | Column A Column B Debtor 1 Debtor 2 or non-filing spouse | |
|--|---|--|
| Oo not enter the amount if you contend that the amount received was a benefit | Debtor 1 Debtor 2 or | |
| Oo not enter the amount if you contend that the amount received was a benefit | c | |
| | ⊅ ⊅ | |
| under the Social Security Act. Instead, list it here: | | |
| For your spouse \$ \$ | | |
| disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled i | 1 | |
| ncome from all other sources not listed above. Specify the source and amount. On not include any benefits received under the Social Security Act; payments receive as a victim of a war crime, a crime against humanity, or international or domestic errorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, leath of a member of the uniformed services. If necessary, list other sources on a | | |
| | \$ | |
| | \$ | |
| Total amounts from separate pages, if any. | + \$ + \$ | |
| | Total current | |
| Determine Whether the Means Test Applies to You | | |
| alculate your current monthly income for the year. Follow these steps: | | |
| 2a. Copy your total current monthly income from line 11 | Copy line 11 here \$ 0. | .00 |
| Multiply by 12 (the number of months in a year). | x 12 | |
| 2b. The result is your annual income for this part of the form. | | .00 |
| calculate the median family income that applies to you. Follow these steps: | | |
| ill in the state in which you live. | | |
| ill in the number of people in your household. | | |
| ill in the median family income for your state and size of household | 13 \$ 68.814 | 00 |
| o find a list of applicable median income amounts, go online using the link specified | in the separate | <u> </u> |
| low do the lines compare? | | |
| Line 12b is less than or equal to line 13. On the top of page 1, check box 1, 3 Go to Part 3. Do NOT fill out or file Official Form 122A-2 | There is no presumption of abuse. | |
| 4b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presur</i> | months of abuse is determined by 5 1001.0 | |
| | United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled retired under any provision of title 10 other than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. On not include any benefits received under the Social Security Act; payments receives a victim of a war crime, a crime against humanity, or international or domestic enrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You calculate your current monthly income for the year. Follow these steps: 22. Copy your total current monthly income from line 11. Multiply by 12 (the number of months in a year). 23. The result is your annual income for this part of the form. Calculate the median family income that applies to you. Follow these steps: 33. New York The in the number of people in your household. 34. New York The median family income for your state and size of household. 35. Or find a list of applicable median income amounts, go online using the link specified instructions for this form. This list may also be available at the bankruptcy clerk's office of structions for this form. This list may also be available at the bankruptcy clerk's office. | United States Government in connection with a disability, combat-related injury of isability, or death of a member of the uniformed services. If you received any practiced pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if eitered under any provision of title 10 other than chapter 61 of that title. Incomer form all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic arronsm, or compensation, persion, pay, annufly, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or leath of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. **Substitute of a victim of a victim of the total below.** **Substitute of a victim of a vict |

| Debtor 1 | Gladys Remache First Name Middle Name Last Name | Case number (# knowm |
|----------|---|---|
| Part 3: | Sign Below | |
| | By signing here, I declare under penalty of per | jury that the information on this statement and in any attachments is true and correct. |
| | * Clare Homadu | <u> </u> |
| | Signature of Debtor 1 | Signature of Debtor 2 |
| | Date 06/94/9024 | Date |
| | If you checked line 14a, do NOT fill out or f | ile Form 122 A -2. |
| | If you checked line 14b, fill out Form 122A- | -2 and file it with this form. |

| Debtor 1 | Gladys Remache | | | |
|--|---------------------|-----------------------------|-----------|--|
| , | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States I Case number (If known) | Bankruptcy Court fo | rthe: Eastern District of N | ew York | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | who is NOT an attorney to help you fill out bankruptcy forms? |
|--|---|
| No | |
| es. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | Signature (Official Form 119) |
| | |
| | |
| | |
| | |
| er penalty of perjury, I declare tha | t I have read the summary and schedules filed with this declaration and |
| er penalty of perjury, I declare tha they are true and correct. | t I have read the summary and schedules filed with this declaration and |
| er penalty of perjury, I declare tha they are true and correct. | t I have read the summary and schedules filed with this declaration and |
| er penalty of perjury, I declare that they are true and correct. | |
| er penalty of perjury, I declare that they are true and correct. | t I have read the summary and schedules filed with this declaration and |

| Fill in this information to identify your case: | |
|---|--|
| United States Bankruptcy Court for the: | |
| Eastern District of New York | |
| Case number (If known) | |

Official Form 121

Statement About Your Social Security Numbers

12/15

Use this form to tell the court about any Social Security or federal Individual Taxpayer Identification numbers you have used. Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

To protect your privacy, the court will not make this form available to the public. You should not include a full Social Security Number or Individual Taxpayer Number on any other document filed with the court. The court will make only the last four digits of your numbers known to the public. However, the full numbers will be available to your creditors, the U.S. Trustee or bankruptcy administrator, and the trustee assigned to your case.

Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | For Debtor 1: | For Debtor 2 (Only If Spouse Is Filing): |
|--|--|--|
| I. Your name | Gladys | |
| | First name | First name |
| | Middle name | Middle name |
| | Remache Last name | Last name |
| All Social Security Numbers you have used | 0 0 0 - 0 0 - 5 2 9 9 | |
| useu | | |
| | ☐ You do not have a Social Security number. | ☐ You do not have a Social Security number. |
| All federal Individual Taxpayer Identification | 9 | 9 |
| Numbers (ITIN) you have used | 9 | 9 |
| Part 3: Sign Below | ☐ You do not have an ITIN. | ☐ You do not have an ITIN. |
| | Under penalty of perlury, I declare that the information I have provided in this form is true and correct. | Under penalty of perjury, I declare that the information I have provided in this form is true and correct. |
| | * Class Remoche | × |
| | Signature of Deutor 1 | Signature of Debtor 2 |
| | | Control of the Contro |